



Bright Futures User Manual

(Providers)



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Introduction to Bright Futures

Overview for Providers

The information contained on the web site is divided into sections as shown in the picture below. For providers, there are general areas of information, as well as, specific areas that are only available through logging into the system. The general areas as well as the provider specific items are described in this documentation.



Bright Futures

Child Care Information System

[Home](#)

[Child Care Benefits](#)

[Find a Provider](#)

[Become a Provider](#)

[Resources](#)

[Contact](#)

Welcome to Vermont Child Care Information Services. This is the place for parents and child care providers to get answers to questions about child care, early education, school age care, and the services available to help ensure that high quality child care is available to every child in Vermont who needs it.

Information For Parents and Child Care Providers

- [Benefits Information](#)
Find out what you need to qualify for a child care benefit.
- [Course Search](#)
Search and view details on state approved training courses.

For Parents

Trying to Find a Child Care Provider?

Here's where you'll find up-to-date information about local child care options. Every registered home care provider and every licensed center or school age care program in Vermont is in our database. Choose a town to find out about your local child care options.

Select Town: [advanced search](#)

Need Help Paying for Child Care?

Find out about state child care benefits, apply online, and track your application.

- [Benefits Information](#)
- [Prescreen Tool](#) - A quick, confidential online tool to see if you qualify for child care benefits.
- [Online Application form](#)

Parent User Login

If you have a parents' child care benefits account, you can access your account information online. Please login here to access your account information.

For Child Care Providers

How to Become a Licensed or Registered Child Care Provider

Here's where you can find out everything you need to know about becoming a registered family child care home, a licensed child care center, or a licensed school age care program.

- [Licensing Requirements](#)
- [On-Line Applications](#)
- [Licensing Forms & Documents](#)

Professional Development

The Child Development Division offers a variety of grants to help providers enhance the quality of their programs, facilities, or staff education. Find out what's available and how to apply.

- [Available Grants](#)
- [Search Courses](#) - Find a list of courses and workshops available around the State with our course search options.

Provider Login

If you have a provider account, you can access your account information online to submit attendance and track payment information. Please login here to access your account information.

Child Care Worker/Credential User Login

If you have a quality or credentialing account with the Child Development Division, you can access your account information online to track and maintain your training records and apply for professional development grants online. Please login here to access your account information.

How do I get a login? Contact the Child Development Division @ 1-800-649-2642.

Program Basics

A few terms which you may not be familiar with will be used throughout this document. These terms designate: parts of a page or actions that you can perform with your mouse. Some of these terms are defined below.

Back Button

In order to access the previous page in the Application, you may use the **Back** button. However, there are consequences for doing so. If you have entered data on a page, the data is not saved as you click on the **Back** button. You should

always use the available buttons at the bottom of the page when possible. If there is no appropriate button choice, then use the menu options on the **Subnav** bar at the top of the page.

Clicking

When the manual directs you to **click**, click once with your *left* mouse button.

Dialog Boxes

As you click on certain functions in the Bright Futures system, **dialog boxes** or **pop-up screens** will appear on top of the page you have accessed. You will need to answer the questions addressed in the dialog boxes, in many cases by clicking on **OK**, in order to continue entering information on the main page. In addition, these dialog boxes may contain functionality that is related to the page on which it was accessed.

Highlighting

When the manual directs you to **highlight** an item or a line, click on the item or on the line containing the item with your mouse.

Links

Within the Application, there are links to other pages. These are recognizable by the underlined text on the page; i.e., Link.

Printing

Any of the pages displayed may be printed by using the Print function for the browser. Click on the **File** and then **Print** to access this function. The exception to this is the printing of letters which is handled within the context of the Application.

Scroll Bars

The **scroll bars** permit you to move additional parts of a list or table into view when the entire list will not fit into the window or box. Scroll bars can be either vertical or horizontal. Vertical scroll bars are the arrows located at the top right and bottom right of the window and support movement of additional information from the bottom or top of the window. Horizontal scroll bars are the arrows at the bottom left and bottom right of a window or box and support movement of additional information from the sides of a window.

Select Items

When you are directed to **select** an item, point to the item with your mouse, and click once with your left mouse button.

Status Bar

The **status bar** is located at the bottom of the screen and displays a brief direction or description related to the field in which your cursor is positioned. Refer to the **status bar** as a guide as you are moving around the system.

Submit Button

Information that is entered on a page is saved to the database through the use of the **Submit** button located at the bottom of the page. This function performs edits that verify that checks for appropriate and complete data. If any information is entered incorrectly or missing, an error message is displayed at the top of the page.

Tabbing

On each of the Bright Futures pages, you can move from one field to the next by pressing the **Tab** key. After you leave a field, you can return to the field by pressing **Shift + Tab** at the same time to tab back to the previous field.

Typing and Revising

As you enter information in Bright Futures, remember that your cursor or mouse pointer must be positioned in a field before you can begin typing in that field.

When making revisions, click once in a field to position the cursor in that field. Use the backspace and delete keys to make corrections, **or** double-click to highlight the field, and the new text you type will replace the existing text.


Data Entry into Fields

The entry in the fields is Case Sensitive. Use upper and lower case letters as appropriate. The value for each field is stored in the database exactly as it has been entered. The data is also retrieved and used for letter generation using the entered format.


Codes and Values

There are certain fields in the application allow the entry of only valid codes and values. There are drop-down arrow selections and pop-up screens for these values. The values for these drop-down lists are maintained by a System Administrator. Changes and additions to this information are governed through the Information Management Section staff.

Drop Down Lists

Selections from the drop-down list use the down arrow next to the field ().

Radio Buttons

Selections for some fields are done through the use of a radio button by clicking in the () to the left of the option.

Special Formatting for Fields

Dates

A Date entry is made using Month, Day and Year format (MM/DD/YYYY). A forward slash (/) must be used between the Month, Day and Year in order to separate these items. Some date fields are selectable, such as Date of Birth. These fields contain drop-down values which you will use to make your selection.

If a two-digit year is entered, the following rules apply:

- <50, the date will be defaulted to 2000 century.
- >50, the date will be defaulted to 1900 century.

Zip Codes

Enter the zip code in this field using the format #####-####.

Telephone Numbers

Telephone Numbers may be entered using numbers without any hyphens or periods separating the numbers. When the Telephone Number is saved in the database, the following format is applied: ###-###-####.

SSN (Social Security Number)


Social Security Numbers may be entered using numbers without any hyphens or periods separating the numbers. When the Social Security Number is saved in the database, the following format is applied: ###-##-####.

EIN (Employer Identification Number)

Employer Identification Numbers may be entered using numbers without any hyphens or periods separating the numbers. When the Employer Identification Number is saved in the database, the following format is applied: ##-#####.

Required Fields

Each page contains a series of fields which are required in order to be complete. These required fields are marked with an asterisk (*). If an attempt is made to save the entries without one of these fields being completed, an edit is shown at the top of the page which identifies the missing information.



Bright Futures
Child Care Information System

User: Jasper Gumboots
[HOME](#) | [RESOURCES](#) | [LOGOUT](#)

Worklist
Provider Invoicing
Provider Management
Quality & Credentialing
Case Management
Payment & Fiscal Management
General Ledger Administration
System Search
Generate Documents
Complaint Management
Reports

License Application - Section 1 of 15

Organization and Ownership

- Owner Type: This field is required -- please provide the requested information.
- Last Name: This field is required -- please provide the requested information.

App. #23

Search and Validate

Enter one or more identifiers below for the party you wish to validate.

▶ * Owner Type: ☐ Organization ☐ Individual

▶ * Last Name: Search Type: Sounds like ▼

First Name: Search Type: Sounds like ▼

Gender: ☐ Female ☐ Male

Date of Birth:

Reference ID:

Reference Type: - Please Select - ▼

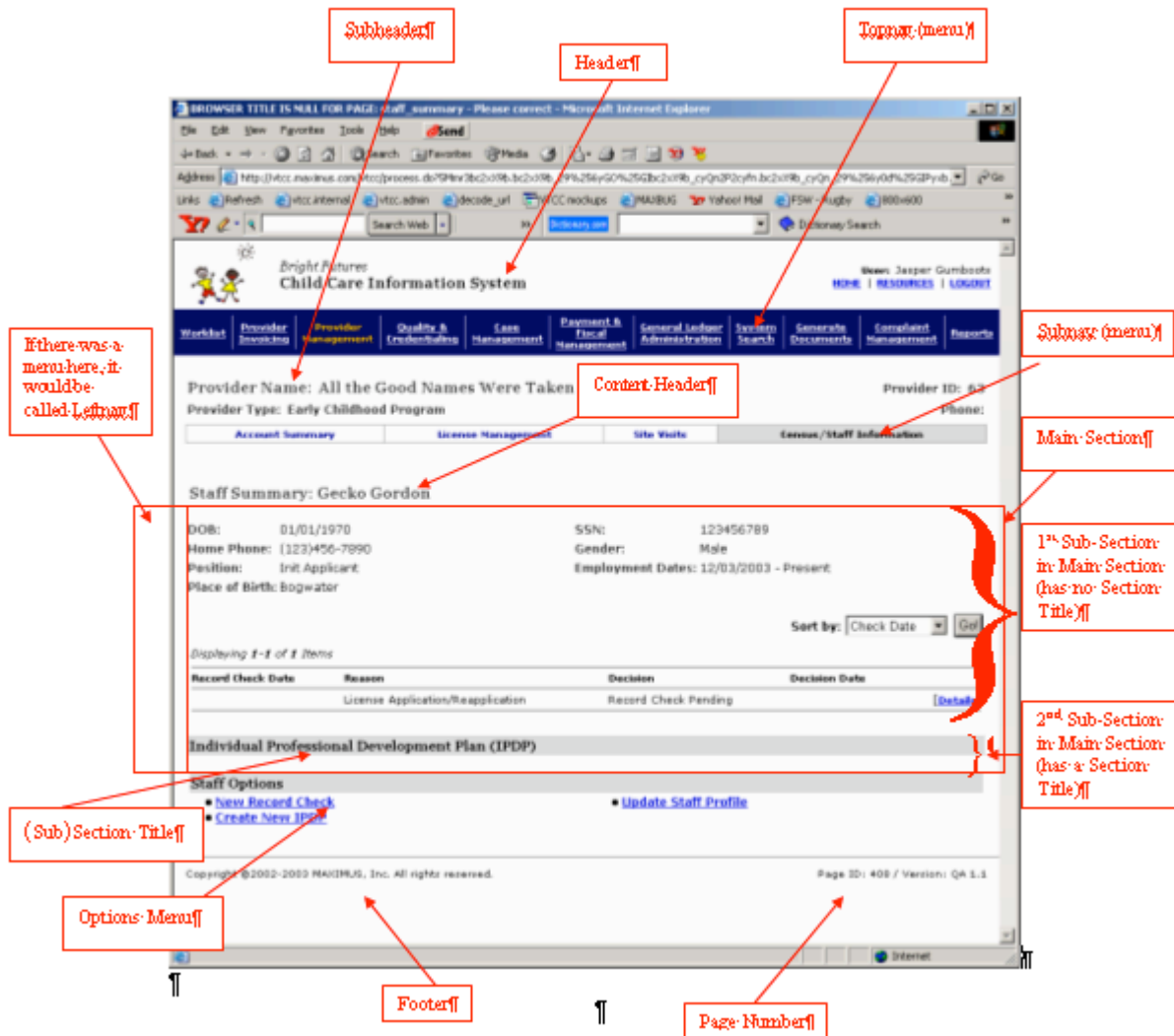
Search

Conditional Required Fields

Some fields in the system are required only if other fields have been entered. An example of this is the Electronic Participation question asked a provider. If the answer is **Yes**, the required fields are Participation Request Date and E-Mail Address.

Parts of a Page

The following picture represents a typical page accessed in Bright Futures with the appropriate label for each part.

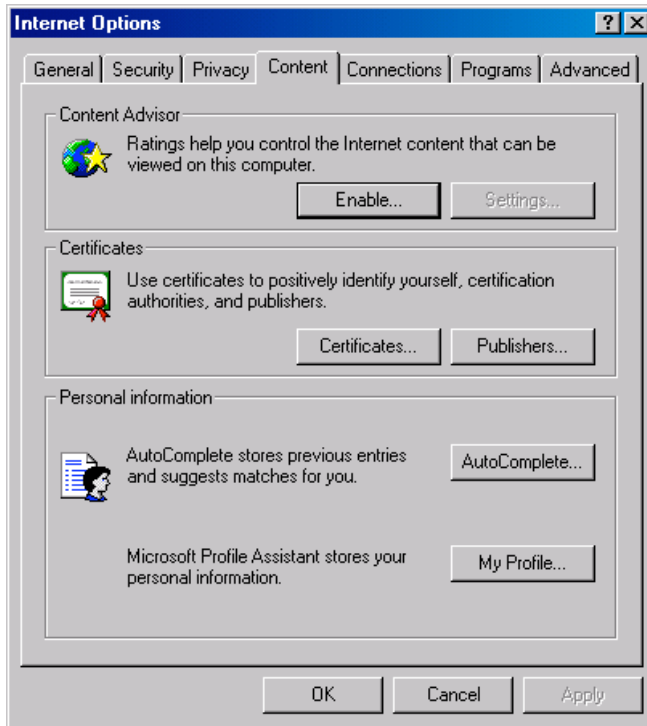


Internet Settings

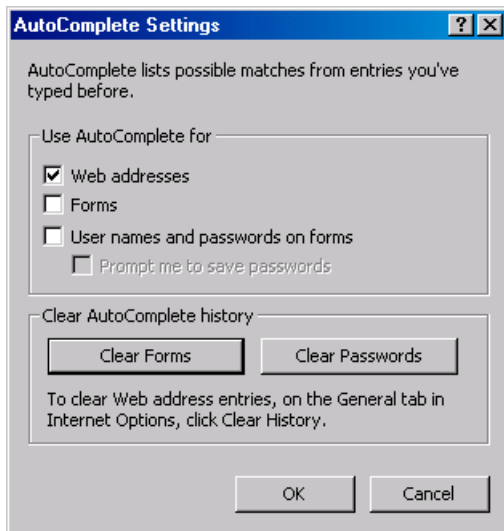
The Bright Futures system application is accessed through your internet browser. There are a number of settings within the browser which may affect the data entry into the application. The following pictures have been copied from Internet Explorer V 6.0; however comparable settings would be found in other versions, as well as, other browsers; i.e., Netscape.

AutoComplete Feature

There is a feature named **AutoComplete** which enables field entries to be remembered from previous entries. This feature should be disabled during your sessions with Bright Futures. To access this feature, select the **Tools** from the menu bar and then click on **Internet Options**. As a result, the **Internet Options** screen is accessed. Continue by selecting the **Content** tab at the top of the screen and you will see the screen as pictured below.



On this screen, click on the **AutoComplete** button in the **Personal Information** section to access the following:



The screen should appear with options that are shown in the above picture. This will ensure that your user name and password cannot be used by someone sitting at your PC. In addition, you will want to click on the **Clear Forms** button to delete anything that was previously entered on the forms in Bright Futures pages.

Internet Provider Toolbars

Another feature that may be installed in a user's browser is a Search Engine's toolbar, such as Google Search. When this feature is active, some of the fields on a page may be highlighted in yellow. It is best to disable this feature when you are working in Bright Futures.

License Application - Section 11 of 15

Fire Prevention

Building Name:	<input type="text"/>
Site Number:	<input type="text"/>
Fire Marshall Name:	<input type="text"/>
Hazard Index:	<input type="text"/>
Inspection Date: (mm/dd/yyyy)	<input type="text"/>
Number of Children:	<input type="text"/>
Number of Staff:	<input type="text"/>
Occupancy Granted?	<input type="radio"/> Yes <input type="radio"/> No
Occupancy by Floor:	<input type="text"/>
Owner's Name:	<input type="text"/>
Owner's Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
Town:	<input type="text" value="- Please Select -"/>
City:	<input type="text"/>
State:	<input type="text" value="- Please Select -"/>
Zip Code:	<input type="text"/>
Owners Phone Number:	<input type="text"/>

System Timeout

If you are working in Bright Futures and do not perform any keyboard or mouse actions within 60 minutes (or other pre-determined time), Bright Futures will recognize this as '*idle*' time and initiate the **Login** page. This is to prevent unauthorized persons from using your computer in your absence.

Re-access Bright Futures by entering your username and password in the fields provided on the page and then click the **Login** button.

Exiting

You may exit Bright Futures by using the **LOGOUT** link in the Page Header. This function appears on all pages in the system. It should be a common practice to logout when you are not at your desk to prevent unauthorized persons from using your computer in your absence.

How to Become a Licensed or Registered Child Care Provider

Overview for Provider Licensure

In the section labeled “How to Become a Licensed or Registered Child Care Provider”, is where you can find out everything you need to know about becoming a registered family child care home, a licensed child care center, or a licensed school age care program. There are three links under this section to assist you in this effort.

Licensing Requirements

By selecting this link, the ‘Become a Provider’ page is presented for review:



Bright Futures

Child Care Information System

[Home](#)[Child Care
Benefits](#)[Find a Provider](#)[Become a
Provider](#)[Resources](#)[Contact](#)

Interested in Becoming a Child Care Provider?

Vermont Law requires any person who provides care for children from more than two families, other than their own children, to be Registered or Licensed by the Department for Children and Families. In order to be paid by Vermont's child care subsidy program you must be approved by the Child Development Division of the Department for Children and Families. There are three ways to be approved:

- **Licensed Program:** A child care program providing care to children in any approved location. The number and ages of children served are based on available approved space and staffing qualifications, as well as play and learning equipment. A Licensed program must be inspected by the Department of Labor and Industry's Fire Safety Inspectors and must obtain a Water and Wastewater Disposal Permit from the Agency of Environmental Conservation. A Licensed program is considered a public building under Vermont Law. Types of licensed programs include: early childhood programs, school-age care, family homes and non-recurring care programs.
- **Registered Family Child Care Home:** A child care program approved only in the provider's residence, which is limited to a small number of children based on specific criteria.
- **Legally Exempt Child Care:** A child care provider caring for no more than two families. This program is for those who wish to receive payment through the state child care subsidy program in order to apply you must be associated with a family eligible for subsidy.

Applying to be a Provider

- **[Apply Online to Become a Licensed Provider](#)**
Complete an Initial Licensing Visit Request through an online form to become a licensed state provider.
- **[Apply Online to Become a Registered Home Provider](#)**
Complete the Preliminary Registered Home Provider Application through an online form to become a registered state provider.
- **[Download Forms and Literature](#)**
Download an Initial Visit Request Application, or application for Licensed Programs or other types of providers.
- **[View Status of Application](#)**
Enter your service request ID to view the current status of a previously submitted application.

At the top of the page, information regarding each type of program is presented. The lower portion of the page contains a list of links to the applications for applying online, as well as, a link to view the status of your application once you have submitted an application. Once you have determined which application you need to complete, select one of the following links to begin this process.

Applying to be a Provider

This section contains the links to the applications for the specific provider types. Each link contains a series of pages on which you will complete the application and submit it for approval.

Apply Online to Become a Licensed Provider

This link accesses the first page of the form to become a Licensed Child Care Provider.

Initial Licensing Visit Request: Section 1 of 2
Applicant Info

*** Indicates Required Info**

* Last Name:

* First Name:

Middle Name:

Suffix:

* Gender: ☐ Female ☐ Male

* Date of Birth:

* Mailing Address:

Address Line 2:

City:

* Town:

* State:

* Zip Code:

* Contact Phone:

Next >

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The Initial Licensing Visit Request initiates the licensing process. It captures basic information about the prospective early childhood, licensed family home, non-recurring, or school age child care provider seeking a license and the site. To be complete, this part of the application must be accompanied by a Record Check Authorization, submitted in hard copy with signatures. Complete the information as described below.

Last*, First* and Middle Names and Suffix

Enter the name of the provider in the appropriate name fields.

Gender*

Select **Female** or **Male** by using the radio button next to the field (☐).

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

Mailing Address*

Enter the first line of the Mailing Address in this field.

Mailing Address Line 2

Enter the second line of the Mailing Address in this field.

City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow () next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code*


Enter the zip code in this field using the format **#####-####**.

Contact Phone*

Enter the telephone number for contact in this field using the format **###-###-####**.

Submitting Section 1

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page.



Bright Futures
Child Care Information System

[Home](#)[Child Care Benefits](#)[Find a Provider](#)[Become a Provider](#)[Resources](#)[Contact](#)

Initial Licensing Visit Request: Section 2 of 2
Program Info

*** Indicates Required Info**

*** Probable Name of Program:**

*** Location Address:**
Address Line 2:
City:

*** Town:**

*** State:**

*** Zip Code:**

*** Directions (include route numbers) from Waterbury to proposed program site:**

*** What the building looks like or what it is currently known as:**

*** Program's intention to serve meals or snacks:**

☐ The program intends to provide snacks only
☐ The program intends to serve snacks and meals provided by each child's parent
☐ The program intends to prepare and serve snacks and meals on premises
☐ The program intends to have meals prepared off premises and delivered to program
☐ Other

State providers have the option to submit attendance, receive notices, and perform other provider account functions through the web. If you choose to participate, you will be assigned a username and password, which you will receive at a later date. Please indicate below your preference for participating electronically, and your e-mail address if you choose to do so.

Web Site Address:

*** Electronic Participation:** ☐ Yes ☐ No

E-mail:
(Required if Participating Electronically)

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Enter the information about the new program as described in the following sections.

Probable Name of Program*

If a previously entered organization has been selected through the **Use Selected** function, the Probable Name of Program is displayed. If not, enter the probable name of the program. The reason this field is named “Probable” is that this name must be approved through an external Trade Name Registration process with the Secretary of State’s office before it can become the official name of the program.

Location Address*

Enter the first line of the Site Address in this field.


Address Line 2

Enter the second line of the Site Address in this field.


City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow () next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code*

Enter the zip code in this field using the format #####-####.

Directions (include route numbers) from Waterbury to proposed program site*

Enter information in the text box to describe the directions using as much text as needed.

What the building looks like or what it is currently known as*

Enter information in the text box to describe the building using as much text as needed.

Program’s intention to serve meals or snacks*


Select one of the following options by clicking in the (☐) checkbox next to the field.

- The program intends to provide snacks only
- The program intends to serve snacks and meals provided by each child's parent
- The program intends to prepare and serve snacks and meals on premises
- The program intends to have meals prepared off premises and delivered to program
- Other

Web Site Address

Enter the URL for the provider’s web site.

Electronic Participation*

Select either **Yes** or **No** for the selection by using the radio button next to the field (). If this answer is Yes, the following two fields are required if provider elects to participate electronically.

E-mail Address (Required if Participating Electronically)

Enter the complete e-mail address for the provider.

Submitting Section 2

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Verification** page is presented.



Bright Futures

Child Care Information System

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Benefits](#)[Find a Provider](#)[Become a
Provider](#)[Resources](#)[Contact](#)

Initial Licensing Visit Request: Verify Application

Please review and verify the information that you have entered below. Use the edit links to make adjustments, and review the applicant certification section before submitting the application.

* Indicates Required Info

Application Date: 02/25/2005

Applicant Information

[\[Edit Applicant Info\]](#)

Applicant Name: Brooks, Jesse
Gender: Female
Date of Birth: 08/10/1971
Mailing Address: 214 Pine Street
Addison, VT 05222
Contact Phone: (802)555-7777

Program Information

[\[Edit Program Info\]](#)

Probable Name of Program: Jesse's Child Care Center
Location Address: 214 Pine Street
Addison, VT 05222
Town: Addison
Directions (include route numbers) from Waterbury to proposed program site:
directions
What the building looks like or what it is currently known as:
Building
Program's intention to serve meals or snacks:
The program intends to serve snacks and meals provided by each child's parent
Web Site Address:
Electronic Participation: Yes
E-mail: jbrooks@verizon.net

Applicant Affirmation

Please review and verify the information that you have entered before submitting it to the Child Development Division.

- I understand that by submitting this form I am requesting an initial site visit only.
- I understand that this form is preliminary and it is not the entire application for a child care license required by the Child Development Division.
- I understand that until I have been granted a license by the Child Development Division that I cannot legally provide child care for the children from more than two families, other than my own. See 33 V.S.A. Section 3502.
- I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3106 and punishable as a misdemeanor or a felony.

Indicate below your understanding of the applicant affirmation before submitting the request.

*

☐ Please indicate whether you agree or disagree with your applicant responsibilities as listed above

Submit Initial Visit Request

Applicant Affirmation*

Once the information has been reviewed, click on the box next to the Affirmation Statement at the bottom of the page to electronically sign the application. Then click on the Submit Initial Visit Request button at the bottom of the page. As a result, the Confirmation page is presented with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

Initial Licensing Visit Request Submitted

Your Initial Licensing Visit Request has been submitted to the Child Development Division. You have been assigned a request ID, which you may use to track the status of your application.

Below is your request ID. Print this page for future reference.

Request ID: 835

You may check the status of your request at any time via the [Service Request Status](#) page. Click on the button below to view and print a copy of a your application for your records.

- [View Application](#)


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This page contains a **Request ID Number** associated with the application. You will want to make a note of this number (by printing or writing it down) so that you may check the status of your application at a future time. For this function, refer to the instructions in “View Status of Application” on page 21.

Apply Online to Become a Registered Home Provider

This link accesses the first page of the form to become a Registered Home Child Care Provider.

**Bright Futures**
Child Care Information System

[Home](#)[Child Care Benefits](#)[Find a Provider](#)[Become a Provider](#)[Resources](#)[Contact](#)

Preliminary Registered Home Provider Application

*** Indicates Required Info**

* Last Name:

* First Name:

Middle Name:

Suffix:

* Date of Birth:

* Gender: ☐ Female ☐ Male

EIN:

* SSN:

* Contact Phone:

* Home Address:

Address Line 2:

City:

* Town:

* State:

* Zip Code:

* Have you applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?
☐ Yes ☐ No

If the answer to the previous question is yes, please fill out the following:

Which State?

License/Registration Outcome:

State providers have the option to submit attendance, receive notices, and perform other provider account functions through the web. If you choose to participate, you will be assigned a username and password, which you will receive at a later date. Please indicate below your preference for participating electronically, and your e-mail address if you choose to do so.

Web Site Address:

* Electronic Participation: ☐ Yes ☐ No

E-mail:
(Required if Participating Electronically)

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Complete the details for the applicant on the Applicant page (LI0232) as described below.

Last*, First* and Middle Names and Suffix

Enter your name in the appropriate name fields.

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

Gender*

Select **Female** or **Male** by using the radio button next to the field (☐).

EIN

Enter the Employer Identification Number if appropriate.

SSN*

Enter the Social Security Number; the SSN is a required

Contact Phone Number*

Enter the telephone number for contact in this field using the format ###-###-####.

Home Address*

Enter the first line of the Home Address in this field.

Address Line 2

Enter the second line of the Home Address in this field.

City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow () next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code*

Enter the zip code in this field using the format #####-####.

Have you ever been convicted for a violation of any law or ordinance (except parking violation)?

Select either **Yes** or **No** by using the radio button next to the field (☐). If the answer to the above question is **Yes**, complete the information for the following field.

Conviction Description

Enter a description for the conviction in this notes field if the answer to the previous question is **Yes**.

Have you applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?*

Select either **Yes** or **No** by using the radio button next to the field (☐). If the answer to the above question is **Yes**, complete the information for the following fields:

Which State?

Select the name of the state by using the down arrow () next to the field.

License/Registration Outcome

Select the outcome by using the down arrow () next to the field.

Denied
Granted
Not Renewed
Revoked
Still in Force
Suspended
Withdrawn

State providers have the option to submit attendance, receive notices, and perform other provider account functions through the web. If you choose to participate, you will be assigned a username and password, which you will receive at a later date. Please indicate below your preference for participating electronically, and your e-mail address if you choose to do so.

Web Site Address

Enter the URL for your web site.

Electronic Participation*

Select either **Yes** or **No** for the selection by using the radio button next to the field (☐). If this answer is Yes, the following field is required if provider elects to participate electronically.

E-mail Address

Enter the e-mail address for the applicant in this field.

Submitting Registered Home Application

Once the information has been entered and reviewed, click on the **Next** button at the bottom of the page. As a result, the **Preliminary Registered Home Provider Application: Verify Application** page is presented.



Bright Futures

Child Care Information System

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Preliminary Registered Home Provider Application: Verify Application

Please verify the information you've entered below. Select "Make Changes" to edit information, and choose "Submit Application" once you are satisfied with the information you've entered and have reviewed your applicant responsibilities.

*** Indicates Required Info**

Application Date: 02/25/2005
Last Name: Bell
First Name: Bonnie
Middle Name:
Suffix:
Date of Birth: 05/14/1971
Gender: Female
EIN:
SSN: 222-11-3333
Phone: (802)555-1212
Home Address: 204 Third Avenue
Address Line 2:
City:
Town: Addison
State: Vermont
Zip Code: 05222
Have you applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?
No
Which State?
License/Registration Outcome:
Web Site Address:
Electronic Participation: Yes
E-mail Address: bbell@verizon.net

Applicant Certification

Please review and verify the information that you have entered before submitting it to the Child Development Division.

- I understand that this form is preliminary and it is not the entire application for a child care registration required by the Child Development Division.
- I understand that until I have been granted a registration by the Child Development Division that I cannot legally provide child care for the children from more than two families, other than my own. See 33 V.S.A. Section 3502.
- I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3106 and punishable as a misdemeanor or a felony.

Indicate below your understanding of the applicant affirmation before submitting the request.

*

☐ Please indicate whether you agree or disagree with your applicant responsibilities as listed above

[Make Changes](#)[Submit Application](#)

Applicant Certification*

Once the information has been reviewed, click on the box next to the **Affirmation Certification Statement** at the bottom of the page to electronically sign the application.

Making Changes to the Application

If you need to correct any information on the application, click on the **Make Changes** button at the bottom of the page. As a result of this action, you are returned to the application. Make any corrections and then click on the **Next** button to process these changes.

Submitting the Registered Home Application

Once all information is correct, click on the **Submit Application** button at the bottom of the page. As a result, the **Confirmation** page is presented with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

Preliminary Registered Home Provider Application Submitted

Your Preliminary Registered Home Provider Application has been submitted to the Child Development Division. You have been assigned a request ID, which you may use to track the status of your application.

Below is your request ID. Print this page for future reference.

Request ID: 836

You may check the status of your request at any time via the [Service Request Status](#) page. Click on the button below to view and print a copy of a your application for your records.

- [View Application](#)

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This page contains a **Request ID Number** associated with the application. You will want to make a note of this number (by printing or writing it down) so that you may check the status of your application at a future time. For this function, refer to the instructions in “View Status of Application” on page 21.

Download Forms and Literature Link

This function contains links to the different Child Development Division forms and literature available for printing and download. To access this function, click on the active link under the Become a Provider section named **Download Forms and Literature**. As a result, the **Forms and Literature** page is displayed.



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Child Care Information System

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Forms & Literature

The listed documents below are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Click on this link to [download the Adobe® Reader®](#).

Forms

Form Name	Form Type	Size
We were unable to find any matches based on your search criteria. Please modify your search criteria and try again.		

Information and Literature

Form Name	Form Type	Size
We were unable to find any matches based on your search criteria. Please modify your search criteria and try again.		

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The listed documents are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Instructions to download the Adobe software appear on the page.

As you click on an active link of a form, the Adobe Reader is activated and the document is accessed. You may use the menu items within Adobe to scroll through the pages and print if you wish.

View Status of Application

This function allows you to check the status of an application that you previously submitted electronically. To access this function, click on the active link named **View Status of Application**. As a result, the **Check Service Request Status** page is displayed.

Check Service Request Status

Please enter below the request number you received to view the status of your service request:

* **Indicates Required Info**

* Request ID:

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Enter the **Request ID Number** in the field and click the **Submit** button. As a result, the **Service Request Status** page is displayed with the status of the request.

Service Request Status

Request ID:	505
Status:	Submitted
Status Reason:	

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On-Line Applications

When you access this link, you are accessing the same page as described in “How to Become a Licensed or Registered Child Care Provider” on page 9.

Licensing Forms & Documents

This function accesses the page where you may download forms and documents for printing.

Menu Options

At the top of the page, the following options are available by clicking on the corresponding item on the sub-nav bar.

Become a Provider Link

When you select this link, you are accessing the same page as described in “How to Become a Licensed or Registered Child Care Provider” on page 9.

Resources Link

When you select this link, you are accessing the same page as described in “Resources” on page 126.

Contacts Link

When you select this link, you are accessing the same page as described in “Contact” on page 134.

Professional Development

The Child Development Division offers a variety of grants to help providers enhance the quality of their programs, facilities, or staff education. This section allows you to find out what's available and how to apply.

Available Grants

The Child Development Division manages several types of grants that are designed to have a positive impact on the quality, availability and accessibility of child care in Vermont. Specific Grant Goals include:

- To Build Supply of Early Childhood and School-Age Child Care
- To Improve Quality of Vermont Early Childhood and School-age System
- To Ensure Access to Affordable High Quality Early Childhood and School-Age Child Care

Child care programs and child care providers are the primary applicants and recipients of the grants listed on the **Grants** page.

When you select this link under the **Professional Development** section, you will access the **Grants** page for grant information.



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Child Care Information System

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Grants

The Child Development Division manages several types of grants that are designed to have a positive impact on the quality, availability and accessibility of child care in Vermont. Specific Grant Goals include:

1. To Build Supply of Early Childhood and School-Age Child Care
2. To Improve Quality of Vermont Early Childhood and School-age System
3. To Ensure Access to Affordable High Quality Early Childhood and School-Age Child Care

Child care programs and child care providers are the primary applicants and recipients of the grants listed below.

Professional Development:

1. College Individual Tuition
2. College Purchased Classes
3. In-Service Training
4. Credential Seeking Bonus
5. Credential Achieved Bonus
6. Substitute Child Care Projects

Quality Improvement Initiatives:

1. Quality Recognition Seeking
2. Quality Recognition Achieved
3. Child Care Network Development - Family-Based
4. Child Care Network Development - Center-Based
5. Child Care Network Development - School-Age Base

Program Enhancement and Expansion:

1. Infant Toddler Enhancement
2. Infant Toddler Start-Up and Expansion
3. Preschool Enhancement
4. Preschool Start-Up and Expansion
5. School-Age Enhancement
6. School-Age Start-Up and Expansion

Facilities:

1. Facility Structural Enhancements
2. Building Bright Futures

Special Needs:

1. Accommodations
2. Specialized Training

Other:

1. Emergency Assistance
2. Summer Programs
3. Volunteer Reimbursement
4. Consultation
5. Transportation

Applying for a Grant

• [Download Forms and Literature](#)

Use this link to access the downloadable version of the grant application.

This page describes the grants that are available for submission to the Child Development Division.


Applying for a Grant

In order to begin the grant application process, click on the active link named “Download Forms and Literature”. This action allows you to locate the appropriate grant for completion.

Search Courses

This area allows you to find a list of courses and workshops available around the State through the use of the course search options. When you select this link under the **Professional Development** section, you will access the page which gives you the ability to search on courses.

Search and view details on state approved training courses. To access this function, click on the active link named **Course Search**. As a result, the **Search Courses** page is displayed.



Bright Futures
Child Care Information System

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Search Courses

Enter one or more parameters for the course(s) you are looking for.

Course ID:	<input type="text"/>	
Course Title:	<input type="text"/>	Search Type: <input type="text" value="Sounds like"/>
Sponsor:	<input type="text"/>	Search Type: <input type="text" value="Sounds like"/>
Areas of Knowledge:	<input type="text" value="- Please Select -"/>	
Hour Type:	<input type="text" value="- Please Select -"/>	

Search

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Use as many fields as known in order to limit the search results. The following search fields are available.

Course ID

If you know the Course ID Number, enter it here. This entry would give you the most direct connection to the entered course.

Course Title

Enter the complete title or any part of the title of the course in this field.

Sponsor


Enter the sponsor's last name in this field. If the sponsor is an organization, enter the name in this field.

Areas of Knowledge

Select the value for this field by using the down arrow () next to the field. The following are the standard areas:


Child Development
Professional Development
Personal Development
Curriculum Development

Hour Type

Select the value for this field by using the down arrow () next to the field.

Clock Hours
Credit Hours

Search Type

Select one of the following from the drop-down list using the down arrow next to the each of the name fields () to restrict the search parameters:

Exact Match
Starts With
Sounds Like
Contains

Once the information in as many appropriate search criteria fields as deemed beneficial, click on the **Search** button.

Course Search Results

Upon completion of the system search, the results are displayed in the **Course Search Results** table (page QU0078) with the following information:

Course Title
Course ID
Sponsor
Hours
Hours Type
Course Status

Course - Sort By

The Course List may be sorted through the **Sort By** field on the top right corner of the table using the following options:

Course Title
Course ID
Sponsor
Hours
Hours Type
Course Status

Once a sort option has been selected, click on the **Go** button to the right of this field. The **Course Search Results** table will be updated with the sorted values in place.

Search Courses

Enter one or more parameters for the course(s) you are looking for.

Course ID:	<input type="text"/>	Search Type:	<input type="text" value="Sounds like"/>
Course Title:	<input type="text"/>	Search Type:	<input type="text" value="Sounds like"/>
Sponsor:	<input type="text"/>		
Areas of Knowledge:	<input type="text" value="- Please Select -"/>		
Hour Type:	<input type="text" value="- Please Select -"/>		

Search

Search Results

Sort by:

Displaying 1-5 of 5 Items

Course Title	Course ID	Sponsor	Hours	Hour Type	Course Status
Child Development		Burlington College	4	Class Hours	Active
Continuing Education 101	CONED101	Poppins, Mary	12	Credit Hours	Active
Course Title 101		Burlington College	4	Credit Hours	Active
New Course		New Course College	1	Credit Hours	Active
Professional Development 101	PRDEV101	Poppins, Mary	12	Class Hours	Active

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Course Details

Once you have located an existing course using the **Course Search** function, you may view the details for the course by clicking on the active link in the **Course Title** column. This action accesses the **Course Details** page for the course selected.

Course #1833 Details

Sponsor: Burlington College
Course Title: Child Development
Course ID:
Hours: 4
Hour Type: Class Hours
Status: Active
Description:
Articulation:

Professional Development Areas

- Child Development

Course Calendar

Session Date	Start Time	Contact Name	
09/30/2004	10:00 AM	Linda Grayson	[Details]

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Page ID: QU0113 / Version: QA2.8 [Privacy Policy](#)

This page is divided into the following sections:

Course Details

Professional Development Areas

Course Calendar

Information for the Course

For each session the following information is presented.

Sponsor

The name of the person or organization that is sponsoring the course is displayed in this field.

Course Title

The name of course is displayed as the title.

Course ID

The identification number assigned by the system is contained in the Course ID field.

Hour

The number of credit hours is displayed in this field.

Hour Type

One of the following hour types will be displayed in this field:

Clock Hours

Credit Hours

Course Status

One of the following status values will be displayed in this field:

Active

Inactive

Description

A description of the course is displayed in this field.

Articulation

This field contains additional information about the course.

Course - Professional Development Areas

A listing of the Professional Development Areas that have been assigned to the course is shown in this section.

Course Calendar Details

If the course has been associated with the course calendar, the following information is displayed.

Session Date

The date on which the session is being held is displayed in this field.

Start Time

The time of the course offering is the Start Time.

Contact Name

The name of the contact person associated with the course is displayed in this field.

Course Session Details Page

In order to view the details associated with a particular Course Calendar entry, click on the **Details** link at the end of the row. As a result, the **Course Session Details** page is displayed.

Course Session Details	
Sponsor:	Burlington College
Course Title:	Child Development
Course ID:	
Hours:	4
Hour Type:	Class Hours
Status:	Active
Description:	
Articulation:	
Professional Development Areas	
<ul style="list-style-type: none">• Child Development	
Session Information	
Session Completion Date: (mm/dd/yyyy)	09/30/2004
Start Time:	10:00 AM
Contact Name:	Linda Grayson
Contact Phone:	(802)444-7777
Cost:	\$100.00
Scholarship:	Yes
Funding:	Funding
Notes:	
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Page ID: QU0108 / Version: QA2.8 Privacy Policy	

The following information describes the session offering:

Session Completion Date

The date on which the session is being held is displayed in this field.

Start Time

The time of the course offering is the Start Time.

Contact Name

The name of the contact person associated with the course is displayed in this field.

Contact Phone

The telephone number of the contact above is shown in this field.

Cost

The cost associated with the course is displayed in this field.

Scholarship

If there is a scholarship offering, the field will display a **Yes** value.

Funding

Identification of funding that may be used to pay for this course is displayed in this field.


Notes

Any notes that have entered as a description or special instructions for the course are displayed in this field.

Search Course Calendar

This area allows you to find a list of courses and workshops available around the State through the use of the course search options. When you select this link under the **Professional Development** section, you will access the page which gives you the ability to search on courses.

Search and view details on state approved training courses. To access this function, click on the active link named **Course Calendar**. As a result, the **Search Course Calendar** page is displayed.



Bright Futures
Child Care Services: Client

User: Obadiah Peapod
[LOGOUT](#)

[My Profile](#)

[Child Care Benefits](#)

[Find a Provider](#)

[Become a Provider](#)

[Resources](#)

[Contact](#)

Search Course Calendar

Enter one or more parameters for the course(s) you are looking for.

Course ID:

Course Title:

Sponsor:

Areas of Knowledge:

Hour Type:

Location:

Session Start Date From:

Session Start Date To:

Search Type:

Search Type:

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Use as many fields as known in order to limit the search results. The following search fields are available.

Course ID

If you know the Course ID Number, enter it here. This entry would give you the most direct connection to the entered course.

Course Title

Enter the complete title or any part of the title of the course in this field.

Sponsor


Enter the sponsor's last name in this field. If the sponsor is an organization, enter the name in this field.

Areas of Knowledge

Select the value for this field by using the down arrow () next to the field. The following are the standard areas:

- Child Development
- Professional Development
- Personal Development
- Curriculum Development


Hour Type

Select the value for this field by using the down arrow () next to the field.


Clock Hours

Credit Hours

Location

Select the value for this field by using the down arrow () next to the field.

Course Status

Select the value for this field by using the down arrow () next to the field.


Active

Inactive

Session Start and End Dates

Enter the values for either or both of these fields to search for the session dates.

Search Type

Select one of the following from the drop-down list using the down arrow next to the each of the name fields () to restrict the search parameters:

Exact Match

Starts With

Sounds Like

Contains

Once the information in as many appropriate search criteria fields as deemed beneficial, click on the **Search** button.

Course Calendar Search Results

Upon completion of the system search, the results are displayed in the **Course Calendar Search Results** table (page QU0112) with the following information:

Course Title

Course ID

Sponsor

Hours

Hours Type

Course Status

Course - Sort By

The Course List may be sorted through the **Sort By** field on the top right corner of the table using the following options:

Course Title

Course ID

Sponsor

Hours

Hours Type

Course Status

Once a sort option has been selected, click on the **Go** button to the right of this field. The **Course Calendar Search Results** table will be updated with the sorted values in place.



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Child Care Information System

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Search Course Calendar

Enter one or more parameters for the course(s) you are looking for.

Course ID:	<input type="text"/>	Search Type:	<input type="text" value="Sounds like"/>
Course Title:	<input type="text"/>	Search Type:	<input type="text" value="Sounds like"/>
Sponsor:	<input type="text"/>		
Areas of Knowledge:	<input type="text" value="- Please Select -"/>		
Hour Type:	<input type="text" value="- Please Select -"/>		
Location:	<input type="text" value="- Please Select -"/>		
Session Start Date From:	<input type="text"/>		
<small>(mm/dd/yyyy)</small>			
Session Start Date To:	<input type="text"/>		
<small>(mm/dd/yyyy)</small>			

Search Results

Sort by:

Displaying 1-1 of 1 Items

Course Title	Course ID	Session Start Date	Start Time	Location	Sponsor	
Course 101		03/01/2005	09:00 AM	Burlington	Burlington College	[Details]

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Course Session Details

Once you have located an existing course using the **Course Calendar Search** function, you may view the details for the course by clicking on the **Details** link in the **Course Title** row. This action accesses the **Course Session Details** page for the course selected.



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Course Session Details

Sponsor: Burlington College
Course Title: Course 101
Course ID:
Hours: 5
Hour Type: Class Hours
Status: **Active**
Description:
Articulation:

Areas of Knowledge

- Professional Development

Session Information

Session Start Date: 03/01/2005
Session Completion Date: 03/01/2005
Start Time: 09:00 AM
Contact Name: Mary Wells
Contact Phone: (802)555-3355
Cost: \$100.00
Scholarship: Yes
Funding: Yes
Location: Burlington
Notes:

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This page is divided into the following sections:

Course Session Details

Areas of Knowledge

Session Information

Information for the Course

For each session the following information is presented.

Sponsor

The name of the person or organization that is sponsoring the course is displayed in this field.

Course Title

The name of course is displayed as the title.

Course ID

The identification number assigned by the system is contained in the Course ID field.

Hour

The number of credit hours is displayed in this field.

Hour Type

One of the following hour types will be displayed in this field:

Clock Hours

Credit Hours

Course Status

One of the following status values will be displayed in this field:

Active

Inactive

Description

A description of the course is displayed in this field.

Articulation

This field contains additional information about the course.

Course – Areas of Knowledge

A listing of the Areas of Knowledge that have been assigned to the course is shown in this section.

Course Calendar Details

If the course has been associated with the course calendar, the following information is displayed.

Session Date

The date on which the session is being held is displayed in this field.

Start Time

The time of the course offering is the Start Time.

Contact Name

The name of the contact person associated with the course is displayed in this field.

Provider Login

If you have a provider account, you can access your account information online to submit attendance and track payment information. Please [login here](#) to access your account information.

Child Care Worker/Credential User Login

If you have a quality or credentialing account with the Child Development Division, you can access your account information online to track and maintain your training records and apply for professional development grants online. Please [login here](#) to access your account information.

Secured Provider Functions


Overview – Provider Functions

Some areas of the website require that you have a logon to access confidential information about your account. If you have a provider account, you can access your account information online to submit attendance and track payment information, as well as, update contact and business information as necessary. If you have a provider account, you can access your account information online to submit attendance and track payment information. Please login here to access your account information.

Logging into the System

Once the application is brought up in the browser, the **System Login** page (SC0001) is displayed.



 **Bright Futures**
Child Care Information System

• Authorization to this page is required. Please login for access.

System Login

Username:

Password:

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On this page, enter the following:

Username

Enter your username in this field; being sure to use upper and lower case as appropriate.

Password

Enter your password by again using the appropriate case as you type.

Once the **Username** and **Password** is entered, click on the **Login** button to complete the access to the system.

First Time Logon (Providers)

Upon accessing the system for the first time, you will be required to change your password from the one assigned by the CCSD staff. The **Change Password** page (SC0003) is presented for this purpose.

Change Password
Your password has expired , Please Change your password.

• Indicates Required Info

User ID: 916
User Login: leslie
Password:
New Password:
Confirm New Password:

Change Password

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On this page, enter the following:

Password

Enter the originally assigned password again by using the appropriate case as you type.

New Password

Enter your new password by using the appropriate case as you type.

Password

Enter the new password again as a confirmation by using the appropriate case as you type.

Once the **Password** has been entered in the fields, click on the **Change Password** button to complete the access to the system.

User Access

When a login is created, the appropriate functionality is attached to it so that a user is able to access all functions that have been predefined for him/her. The permissions granted are determined by the role of the user.

Any employees of a Provider would have to have their own logins to maintain their credentialing information.

Account Summary

Once a provider has logged into the system, the next page displayed is the Account Summary page (PM0227). From this page, a provider can view and maintain information as described in the following sections. These functions allow providers of child care services to have access to pertinent information as well as forms for completion that encompass an array of Child Care-related services including Licensed Applications, Financial Management, Quality and Credentials, and Licensing Enforcement.

This main page displays information that has been recorded for a provider account. The following sections appear:

- Provider Information**
- License Information**
- Staff/Associated Parties**
- Account Options**

The provider can locate the options through the use of the sub-nav bar at the top of the page or the Account Options located at the bottom of the page.

Licensed Program Provider



Bright Futures

Child Care Information System: Providers

Provider: ABC Child Care

User: Betsy Miller

[Logout](#)

Account Summary

Provider Demographics

Payment & Financial Info

Attendance & Invoicing

Resources

Contact

Provider Case ID: 1593
Location Address: 510 State Street
Burlington, VT 99999
Last Site Visit: 02/22/2005
Latest Application: 12/01/2004

Provider Type: Licensed Provider
Provider Status: Licensed
Next Site Visit: 06/01/2005
Application Status: Approved

License Information

Certificate No	Program Type	License Start/End Dt	Capacity
709	School Age Care	12/01/2004-12/01/2005	24

Staff/Associated Parties


Select a name below to view detailed information; select "Add Staff/Associated Party" under Account Options below to add a staff member or other associated party.

Name	Position	Start Date
Miller, Betsy	Init Applicant	02/10/2005

Account Options

- [Add Staff/Associated Party](#)
- [Documents](#)
- [File an Incident Report](#)
- [Non-Subsidized Enrollment](#)
- [Notification of Closure](#)
- [Notification of Unexcused Absences](#)
- [Referral Agreement](#)
- [Service Requests](#)
- [Variance Requests](#)
- [Violation History](#)

Registered Home Provider



Bright Futures

Child Care Information System: Providers

Provider: Parker, Carla
User: Carla Parker
[Logout](#)

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
-----------------	-----------------------	--------------------------	------------------------	-----------	---------

Provider Case ID: 1615

Location Address: 777 Lodge Road
Addison, VT 05222

Last Site Visit:

Latest Application: 02/01/2005

Provider Type: Registered Home

Provider Status: Applicant

Next Site Visit:

Application Status: New

License Information

Certificate No	Program Type	License Start/End Dt	Capacity
There are no licenses for this provider.			

Staff/Associated Parties

Select a name below to view detailed information; select "Add Staff/Associated Party" under Account Options below to add a staff member or other associated party.

Name	Position	Start Date
Parker, Carla	Applicant/Provider	02/14/2005

Account Options

- [Add Staff/Associated Party](#)
- [Documents](#)
- [File an Incident Report](#)
- [Non-Subsidized Enrollment](#)
- [Notification of Closure](#)
- [Notification of Unexcused Absences](#)

- [Referral Agreement](#)
- [Registered Family Child Care Home Application](#)
- [Service Requests](#)
- [Variance Requests](#)
- [Violation History](#)

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Page ID: PM0258 / Version: V1.9 [Privacy Policy](#)

Provider Information

At the top of the page, fields are presented about the basic information contained in a provider record.

Provider Case ID

As a provider is entered into the system, a case is created. This case is used to unite all the elements about a provider together.

Provider Type

The type of provider is shown in this field. This field contains one of the following values:

Licensed Facilities:
Early Childhood Program
Family Child Care
Non-Recurring Clientele
School Age Care
Registered
Legally Exempt Child Care

Location Address

The address where the facility is located is displayed in this field.

Provider Status

The Licensing Status of the provider is displayed in this field.

Last Site Visit

The date of the last site visit for the Provider is displayed in this field.

Next Site Visit

The date of the next scheduled site visit for the Provider is displayed in this field.

Latest Application

The date of the last application recorded for the provider is displayed in this field.

Application Status

The status of the last application recorded for the provider is displayed in this field.

License Management

The license information is listed in this area with the following information:

Certificate Number
Program Type
License Start/End Date
Capacity

Staff/Associated Parties

Each of the staff and associated party entries in this section contain the following information:

Name
Position
Start Date

Account Summary Options

The options in this section of the page include the following functions.

Add Staff/Associated Party
Documents
File an Incident Report
License Application (Licensed Programs – Available prior to Licensing)
Non-Subsidized Enrollment
Notification of Closure
Notification of Unexcused Absences
Referral Agreement
Registered Family Child Care Home Application (Registered Home Providers - Available prior to Licensing)
Service Requests
Variance Requests
Violation History

Add Staff/Associated Party

This functionality provides the capability for providers to enter online information regarding the hiring and departure of child care staff at their site/facility. To create a new staff member entry, select **Add Staff/Associated Party** from the **Account Options** at the bottom of the **Account Summary** page. As a result, the **Add Staff/Associated Party** page (PM0120) is presented.



Bright Futures

Child Care Information System: Providers

Provider: Parker, Carla
User: Carla Parker
[Logout](#)

[Account
Summary](#)

[Provider
Demographics](#)

[Payment &
Financial Info](#)

[Attendance &
Invoicing](#)

[Resources](#)

[Contact](#)

Add Staff/Associated Party

Enter the information requested below for the staff or associated party you wish to add. Please note that you must send a completed record check authorization form to Child Development Division for signature confirmation.

* Indicates Required Info

* Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Suffix:	<input type="text"/>
* Date of Birth: (mm/dd/yyyy)	<input type="text"/>
* Gender:	<input type="radio"/> Female <input type="radio"/> Male
Home Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
Town:	<input type="text" value="- Please Select -"/>
State:	<input type="text" value="- Please Select -"/>
Zip Code:	<input type="text"/>
Mailing Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
Town:	<input type="text" value="- Please Select -"/>
State:	<input type="text" value="- Please Select -"/>
Zip Code:	<input type="text"/>

Employment/Position Information

* Position:	<input type="text" value="- Please Select -"/>
* Start Date: (mm/dd/yyyy)	<input type="text" value="02/25/2005"/>
End Date: (mm/dd/yyyy)	<input type="text"/>

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Page ID: PM0120 / Version: V1.9 [Privacy Policy](#)

Complete the details for the party on the **Add Associated Party** page (PM0120) as described below.


Last*, First and Middle Names and Suffix

Enter the name of the staff member in the appropriate name fields.

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

Gender*

Select **Female** or **Male** by using the radio button next to the field ().


Home Address

Enter the first line of the home address in this field.

Address Line 2

Enter the second line of the home address in this field.


Town

Select the name of the town by using the down arrow () next to the field.

City

Type the name of the city in this field.

State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code

Enter the zip code in this field using the format #####-####.


Mailing Address

Enter the first line of the Mailing Address in this field.

Mailing Address Line 2

Enter the second line of the Mailing Address in this field.


Town

Select the name of the town by using the down arrow () next to the field.

City

Type the name of the city in this field.


State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code


Enter the zip code in this field using the format #####-####.

Position Information (Licensed Programs)*

Enter the following information regarding the position held by the party by selecting the value using the down arrow () next to the field:

Aide
Applicant
Assistant
Cook
Director
Head Teacher
Initial Applicant
Janitor
Owner
Other
Substitute
Teacher
Transportation

Position Information (Registered Homes)*

Select the position by using the down arrow () next to the field.

Applicant/Provider
Care Provider/Household Member
Household Member
Other Care Provider

Start Date

Enter the starting date in this field.

End Date

Enter the ending date if appropriate in this field.

Submitting Associated Party Information

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the **New Staff/Associated Party Submitted** page (LI0273) is presented with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

New Staff/Associated Party Submitted

A service request for adding New Staff/Associated Party has been submitted to Child Development Division. Please send in a completed record check authorization form, which you may download from the [Forms & Literature download page](#). The new staff/associated party will not be considered in your license case until all required information is received.

Below is your request ID for future reference:

Request ID: 479

You may check the status of your request at any time by viewing the [Service Request Status](#) page.

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Page ID: LI0273 / Version: QA2.7 [Privacy Policy](#)

Documents

This function contains a listing of all documents that have been generated and an opportunity to view the documents for a Provider. The function is accessed from the **Account Summary** page (PM0227) through the **Account Option** item named **Documents**. By clicking on this option, the **Documents** page (PM0187) is displayed with the following information:

Document Date
Description
E-Mailed? Indicator
Created By

Documents Below are listed all the documents that have been generated.			
Displaying 1-1 of 1 Items			
Document Date	Description	E-mailed?	Created By
09/01/2004	Site Visit Report		Goosefeathers, Jebediah View
Copyright ©2002-2004 MAXIMUS, Inc. All rights reserved.		Page ID: PM0187 / Version: QA2.7 Privacy Policy	

Details

In order to view details for a particular item, click on the **View** link at the end of the row containing the item. As a result, the document is presented for viewing. This function also gives you an opportunity to print the letter if appropriate.

File an Incident Report

This function provides a mechanism for providers to report incidents that must be reported by regulation. Incidents include injured or missing children, among other things. The function is accessed from the **Account Summary** page (PM0227) through the **Account Option** item named **File an Incident Report**. By clicking on this option, the **Create Incident Report** page (LI0194) is displayed.

Create Incident Report

Regulations require providers to immediately notify the Child Development Division of certain incidents, including a fire at the facility or injury to a child. Refer to regulations or contact the Division for technical assistance. Failure to notify the Division of a reportable incident may result in a regulatory violation.

* Indicates Required Info

* Incident Type:

- Please Select -

* Incident Date:

(mm/dd/yyyy)

* Incident Time: (hh:mm)

* Report Date:

(mm/dd/yyyy)

* Reporter:

Witness:

* Incident Description:

Child(ren) involved:

(enter names separated by commas)

Cancel


Submit

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On this page, you will associate an incident with the selected Provider by completing the following fields.

Incident Type*

Select one of the following from the drop-down list using the down arrow next to the field ():

Child Injury
Missing or Abducted Child
Report of a Fire
Other

Incident Date*

Enter the date using the **mm/dd/yyyy** format in this field.

Incident Time*

Enter the time at which the incident occurred in this field using hh:mm AM/PM format.

Report Date*

Enter the date using the **mm/dd/yyyy** format on which the report is being submitted in this field.

Reporter*

Enter the name of the reporter in this field.

Witness

Enter the name of the witness in this field if one is available.

Incident Description*

Enter a description of the incident in the text box provided.

Child(ren) Involved

Enter the names of any child(ren) involved in the incident. Separate each name by a comma.

Upon completion of the above fields, click on the **Submit** button. This action results in the confirmation page for the entry.

<p>Incident Report Submitted</p> <p>The incident report has been submitted. The Child Development Division will process the incident report and contact you if additional information is needed.</p> <hr/> <p>Copyright ©2002-2004 MAXIMUS, Inc. All rights reserved. Page ID: LI0272 / Version: QA2.7 Privacy Policy</p>

Grant Applications

This function allows you to view the information for a submitted grant or to create a new grant online. This option will only be available after you have previously submitted an application in hard copy to the Child Development Division.

Click on the menu option to access the **Grant Applications** page (QU0116).



Bright Futures

Child Care Information System: Providers

Provider: Parker, Carla

User: Carla Parker

[Logout](#)

[Account
Summary](#)

[Provider
Demographics](#)

[Payment &
Financial Info](#)

[Attendance &
Invoicing](#)

[Resources](#)

[Contact](#)

Grant Applications

Sort by:

Displaying 1-1 of 1 Items

App. ID	Type	Category	Status	Application Date	Received Date	
2466	Program Expansion & Enhancement	Infant Toddler Enhancement	Received	02/25/2005	02/01/2005	[Details]

Online Grant Application

To apply for a grant online, choose the type of grant you wish to apply for, and click "Apply Now." Please note that grant applications will not be considered until all required documentation is received.

* Grant Type:

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Page ID: QU0116 / Version: V1.9 [Privacy Policy](#)

The information for each grant is displayed in the table at the top of the page.

Application Identification Number

Type

Category

Status

Application Date

Received Date

Viewing Grant Details

You may view the details for a particular grant by clicking on the **Details** link at the end of the row. This action accesses the **Grant Application Summary** page for the grant selected.



Bright Futures

Child Care Information System: Providers

Provider: Parker, Carla

User: Carla Parker

[Logout](#)

[Account
Summary](#)

[Provider
Demographics](#)

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Financial Info](#)

[Attendance &
Invoicing](#)

[Resources](#)

[Contact](#)

Grant Application No. 2466

Grant Type: Program Expansion & Enhancement
Grant Category: Infant Toddler Enhancement
Total Funds Requested: \$1,000.00
Status: Received
Application Date: 02/25/2005
Date Received: 02/01/2005
Grant Purpose: purpose
Grant Budget: budget
Agreement ID:

Facility Enrollment and Funds Requested by Age Category

Age Category	Facility Enrollment	Funds Requested
Infant/Toddler		
Preschool		
School Age		

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The details on the **Grant Application Summary** page include the following:

Grant Application ID

The identification number associated with the grant application is displayed in this field.

Grant Type

The type of grant applied for is displayed in this field.

Category

The grant category that appeared on the application is displayed in this field.

Grant Status

The current status of the grant is displayed in this field.

Application Date

The date on which the application was entered is displayed in this field.

Date Received

The date on which the application was received is displayed in this field.

Grant Purpose

The purpose of the grant as it was entered on the application is displayed in this field.

Grant Budget

The grant budget as it was entered on the application is displayed in this field.

Agreement ID

If the grant has been awarded, an Agreement Identification Number is displayed in this field.


Facility Enrollment and Funds

This section contains information about the number of children enrolled for each age category; and if the grant requested is targeted to benefit specific age categories, the amount is shown for each of the following age categories:

Infant/Toddler
Preschool
School Age

Applying for a Grant Online

Access this function in the middle of the Grant Applications page (QU0116).



Bright Futures
Child Care Information System: Providers

Provider: Parker, Carla
User: Carla Parker
[Logout](#)

[Account Summary](#)[Provider Demographics](#)[Payment & Financial Info](#)[Attendance & Invoicing](#)[Resources](#)[Contact](#)

Grant Applications

Sort by:

Displaying 1-1 of 1 Items

App. ID	Type	Category	Status	Application Date	Received Date	
2466	Program Expansion & Enhancement	Infant Toddler Enhancement	Received	02/25/2005	02/01/2005	[Details]

Online Grant Application

To apply for a grant online, choose the type of grant you wish to apply for, and click "Apply Now." Please note that grant applications will not be considered until all required documentation is received.

* Grant Type:


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The first step in this process is to select one of the following types for the Grant by using the drop-down arrow next to the Grant Type field.

Community Child Care Support Agencies
Facilities
Other
Professional Development
Program Expansion and Enhancement
Quality Improvement Initiatives
Special Needs
Transportation

Once you have completed the fields on this page, click on the **Apply Now** button. This action displays the **Grant Application – Grant Request Information** page (QU0118) on which the application is completed.



Bright Futures
Child Care Information System

User: Ad Minn
Group: Default Group
[HOME](#) | [LOGOUT](#)

Work Management
Subsidy
Provider Management
Quality & Credentialing
Payment & Fiscal Management
Complaints
System Search
Tools & Resources

Person Record: Parker, Carla
Party ID Number: 2190

Grant Application - Grant Request Information

*** Indicates Required Info**

Grant Type:

*** Grant Category:**

*** Date Received:**
(mm/dd/yyyy)

Contact Name:

Contact Phone:

Contact E-mail:

*** Grant Purpose:**
(Narrative explanation of the uses and benefits of the grant requested)

*** Grant Budget:**
(Details of items to be purchased or the expenditures to be incurred as a result of this Grant Application)

Professional Development

- Please Select -

Certification: ☐ Yes ☐ No

Facility Enrollment and Funds Requested by Age Category

Please indicate below the number of children enrolled for each age category. If the Grant requested is targeted to benefit specific age categories, list the amount next to the appropriate age category.

Age Category	Facility Enrollment	Funds Requested
Infant/Toddler	<input type="text"/>	<input type="text"/>
Preschool	<input type="text"/>	<input type="text"/>
School Age	<input type="text"/>	<input type="text"/>

Total Funds Requested:

Save & Exit
Submit Grant Application

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Page ID: GR0010 / Version: V1.9

Completing the Application

The **Grant Type** that was previously selected is displayed at the top of the page in the **Grant Type** field. Complete the following information as required:

Grant Category

Select the value for this field by using the down arrow (▼) next to the field. These values will be discriminated for the Grant Types; therefore, only the appropriate selections for the particular Grant Type will be available.

Accommodations
Building Bright Futures
Child Care Network Development – Center Based
Child Care Network Development – Family Based
Child Care Network Development – School Age Based
College Individual Tuition
College Purchased Classes
Consultation
Credential Achieved Bonus
Credential Seeking Bonus
Emergency Assistance – Program Stabilization
Facility Structural Enhancements
Infant Toddler Enhancement
Infant Toddler Startup and Expansion
Preschool Enhancement
Preschool Startup & Expansion
Protective Services/Family Support
Quality Recognition Achieved
Quality Recognition Seeking
Referral
Resource Development
School Age Enhancement
School Age Startup & Expansion
Specialized Training
Subsidy Eligibility Determination
Substitute Child Care Projects
Summer Programs
Transportation
Volunteer Reimbursement

Contact Name, Phone Number and E-mail Address

Complete this information for the contact person who should be associated with this grant.

Grant Purpose

This is a narrative explanation of the uses and benefits of the grant requested. Enter the purpose of the grant as it was entered on the application in this field.

Grant Budget

The detail of items to be purchased or the expenditures to be incurred as a result of this Grant Application is captured in this section. Enter the grant budget as it was entered on the application in this field.

Facility Enrollment and Funds Section

This section contains information about the number of children enrolled for each age category; and if the grant requested is targeted to benefit specific age categories, the amount is captured for each of the following age categories.

Infant/Toddler
Preschool
School Age

Facility Enrollment

Enter the number of children enrolled in each Age Category in this field.

Funds Requested


Enter the amount of funds requested for each Age Category in this field.

Total Funds Requested

Enter the total amount of funds requested for the grant in this field.


Submitting the Grant Application

Once you have completed the information in the above fields, click on the **Submit Grant Application** button in order to finalize the grant application. This action results in the display of the **Grant Application Submitted** page (0005) which displays the Application ID and a link to explain how to view the status of the grant.

 Bright Futures Child Care Information System: Providers	Provider: Parker, Carla User: Carla Parker Logout				
Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
<h3>Grant Application Submitted</h3> <p>Your grant application has been submitted to Child Development Division. Please send in any required documentation, as grant applications will not be considered until all information required to process the application is received. You have been assigned an application ID, which you may use to track the status of your application.</p> <p>Application ID: 2468</p> <p>You may check the status of your application by viewing the Grant Applications page under "Account Summary."</p>					
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Checking Status of a Grant

Click on the menu option to access the Grant Applications page (QU0116). This action results in the display of the **Grant Applications** page (GR0008) which displays all grants that have been submitted for an organization.



Bright Futures
 Child Care Information System

User: Ad Minn
 Group: Default Group
[HOME](#) | [LOGOUT](#)

[Work Management](#) |
 [Subsidy](#) |
 [Provider Management](#) |
 [Quality & Credentialing](#) |
 [Payment & Fiscal Management](#) |
 [Complaints](#) |
 [System Search](#) |
 [Tools & Resources](#)

Person Record: Parker, Carla
 Party ID Number: 2190

[Summary](#) |
 [Contact Information](#) |
 [Cases](#) |
 [Relationships](#) |
 [Employment](#)

Grant Applications
 Sort by:

Displaying 1-2 of 2 Items

App. ID	Type	Category	Status	Application Date	Received Date	
2466	Program Expansion & Enhancement	Infant Toddler Enhancement	Received	02/25/2005	02/01/2005	[Details]
2467	Professional Development	Credential Achieved Bonus	Received	02/25/2005	02/15/2005	[Details]

Create New Grant Application

* Grant Type:

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 Page ID: GR0008 / Version: V1.9

The information for each grant is displayed in the table at the top of the page.

Application Identification Number

Type

Category

Status

Application Date

Received Date

Received Date

For a newly entered application, the Received Date appears blank until a Child Development Division worker reviews the application.

Grant Status

One of the following values for this field will be displayed.

Pending
Submitted
Received
Awarded
Denied
Agreement Pending

License Application (Licensed Programs Only)

This option is only available online as an Account Option prior to the approval of a license. Access to this function allows you to enter and update any information as described in the following areas.

Note: A logon and password has to be established by the CDD prior to accessing this function.

The function is accessed from the Account Summary page through the Account Option item named Licensed Program Application. By clicking on this option, the License Application – Section 1 of 14 (Organization and Ownership) page is displayed.



Bright Futures

Child Care Information System: Providers

Provider: Jesse's Child Care Center

User: Jesse Brooks

[Logout](#)

**Account
Summary**

**Provider
Demographics**

**Payment &
Financial Info**

**Attendance &
Invoicing**

Resources

Contact

License Application - Section 1 of 14 Organization and Ownership

App. #2469

*** Indicates Required Info**

- * Owner Type: ☐ Organization ☐ Individual
- * Type of Business:
- * Organization or Last Name:
- First Name:
- * Non Profit Business? ☐ Yes ☐ No

Either SSN or EIN is a required field:

EIN:

SSN:

Mailing Address:

Address Line 2:

City:

Town:

State:

Zip Code:

The following information is required if the owner/operator of the child care facility is an individual:

Date of Birth:
(mm/dd/yyyy)

Gender:

Previous License Information

- * Has applicant applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?

☐ Yes ☐ No

If the answer to the previous question is yes, please fill out the following:

Name of Agency Applied to:

Which State?

License/Registration Outcome:

Save & Exit

Next >

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Completion of Each Section

Upon completion of each section of the Application, the navigational buttons at the bottom of the page perform the following functions:

Save and Exit

Saves the information that was recorded on the page.

Next

As you complete the information in a section, you may proceed to the next section by clicking the **Next** button.

Back

If you want to review a previous section, you may access that section by clicking the **Back** button.

License Application – Section 1 of 14 (Organization and Ownership)

Complete the information as described in the following section.

Owner Type

Select **Organization** or **Individual** by using the radio button next to the field (☐).

Type of Business

Select the type of business by using the down arrow () next to the field.

Corporation

Sole Proprietorship

Partnership

Organization or Last*, First* and Middle Names and Suffix

Enter the name of the provider in the appropriate name fields.

Non Profit Business*

Select either **Yes** or **No** by using the radio button next to the field (☐).

EIN (Employer Identification Number)/SSN (Social Security Number)*

Enter the Employer Identification or Social Security Number for the owner.

Mailing Address*

Enter the first line of the Mailing Address in this field.

Mailing Address Line 2

Enter the second line of the Mailing Address in this field.

City

Type the name of the city in this field.

Town*

Select the name of the town by using the down arrow () next to the field.

State*

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code*

Enter the zip code in this field using the format #####-####.

If the owner/operator is an individual, complete the following fields:

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

Gender*

Select **Female** or **Male** by using the radio button next to the field (☐).

Previous License Applications (Lic. Programs)

This area includes the information regarding the owner's application for license.

Has applicant applied for a child care license, registration, or certificate from Vermont or any other state within the last five years?*

Select either **Yes** or **No** by using the radio button next to the field (☐). If the answer to the above question is **Yes**, complete the information for the following fields:

Name of Child Care Facility or Family Child Care Registration applied for:

Enter the name of the facility under which the license of registration was applied for or granted.

Name of Agency Applied to:

Enter the name of the agency to which the request was made.

Which State?

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

License/Registration Outcome

Select the outcome by using the down arrow () next to the field.

Denied

Granted

Not Renewed


Revoked

Still in Force

Suspended

Withdrawn

License Application – Section 2 of 14 (Applicant Information)



Bright Futures

Child Care Information System: Providers

Provider: Jesse's Child Care Center
User: Jesse Brooks
[Logout](#)

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
-----------------	-----------------------	--------------------------	------------------------	-----------	---------

License Application - Section 2 of 14
Applicant Information

App. #2469

* Indicates Required Info

* Last Name:

* First Name:

Middle Name:

Suffix:

* Date of Birth:

(mm/dd/yyyy)

* Gender:

☐ Female

☐ Male

Mailing Address:

Address Line 2:

City:

Town:

- Please Select -

State:

Vermont

Zip Code:

Daytime Phone Number:

(from 8:00am-4:30pm)

Has applicant ever been convicted for a violation of any law or ordinance (except parking violation)?

☐ Yes

☐ No

Conviction Description: (if yes)

< Back

Save & Exit

Next >

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Complete the information in the following fields:

Last*, First* and Middle Names and Suffix

Enter the name of the provider in the appropriate name fields.

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.


Arrange with the Vermont Department of Taxes to bring owner into good standing.
Seek a determination from the Child Care Services Division that immediate payment would impose an unreasonable hardship.

License Application – Section 4 of 14 (Child Support Obligations)

License Application - Section 4 of 14 Child Support Obligations		App. # 1864
* Indicates Required Info		
* Child Support Obligation Status:	<div>- Please Select -</div>	
Child Support Status Date: <small>(mm/dd/yyyy)</small>	<div></div>	
If not in good standing, applicant wishes to:		
<input type="radio"/> Arrange with the Office of Child Support to bring owner into good standing.		
<input type="radio"/> Seek a determination from the Child Development Division that immediate payment would impose an unreasonable hardship.		
<div>< Back Save & Exit Next ></div>		
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This section certifies that the applicant is in good standing with regard to payment of child support payments, or is providing an alternate certification.

Child Support Obligation Status*

Select one of the following by using the radio button next to the field ().


In Good Standing

Not in Good Standing

Child Support Date

Enter the date in this field using the format MM/DD/YYYY.


If not in good standing, applicant wishes to:

Select one of the following by using the radio button next to the choice ().

Arrange with the Vermont Office of Child Support to bring owner into good standing.

Seek a determination from the Child Care Services Division that immediate payment would impose an unreasonable hardship.

License Application – Section 5 of 14 (Program Information)



Bright Futures

Child Care Information System: Providers

Provider: Jesse's Child Care Center
User: Jesse Brooks
[Logout](#)

Account Summary

Provider Demographics

Payment & Financial Info

Attendance & Invoicing

Resources

Contact

License Application - Section 5 of 14
Program Information

App. #2469

* Indicates Required Info

* Program Applying for:

- Please Select -

Employer Supported Program?

☐ Yes ☐ No

School Exemption?

☐ Yes ☐ No

Exemption Date:

(mm/dd/yyyy)

Program Capacity

Please indicate below the provider preferred number of children for each age category:

Infant (6 wks to 23 mths):

Toddler (24 to 35 mths):

Preschool (3 yrs to 5 yrs):

School Age (5 yrs to 12 yrs):

Hours / Days of Operation

For licensing purposes only, please indicate below the earliest start time and latest end time the site will be open and check all days of operation:

Program Start Time:

hh:mm

Program End Time:

hh:mm

Days of Operation:

☐ Sunday

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

< Back

Save & Exit


Next >

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This section contains program information about the licensed facility. Some of the information has been carried forward from the entries made in the Initial Licensing Visit Request function. This information may be changed or added to if appropriate. The information in this section becomes the Operating Profile for the Provider.

Program Applying for*

Select the name of the program by using the down arrow () next to the field.

Early Childhood Program
School Age Care
Non-Recurring Clientele
Family Child Care

Employer Supported Program?

Select either **Yes** or **No** for the selection by using the radio button next to the field (☐).

School Exemption?

Select either **Yes** or **No** for the selection by using the radio button next to the field (☐).

Exemption Date

Enter the date of the exemption using the format **MM/DD/YYYY**.

Program Capacity

Complete the information for the total capacity preferred for each of the following age categories:

Infant (6 wks to 23 months)
Toddler (24 to 35 months)
Preschool (3 yrs to 5 yrs)
School Age (5 yrs to 12 yrs)

Hours/Days of Operation

Program Start and End Times

Enter the starting and ending times by using the down arrow next to the field () to access the drop-down list.

Days of Operation

Complete the information for the days of operation by clicking in each box (☐) next to the Day of the Week to mark with a checkmark.

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

License Application – Section 6 of 14 (Program Director)

License Application - Section 6 of 14		App. # 1864
Program Director		
Please indicate below the person responsible for managing the program design and curriculum.		
* Indicates Required Info		
* Last Name:	<input type="text"/>	
* First Name:	<input type="text"/>	
Middle Name:	<input type="text"/>	
Suffix:	<input type="text"/>	
* Date of Birth: (mm/dd/yyyy)	<input type="text"/>	
* Gender:	<input type="radio"/> Female <input type="radio"/> Male	
<div style="text-align: center;"><input data-bbox="565 1738 641 1766" type="button" value=" < Back "/> <input data-bbox="654 1738 781 1766" type="button" value=" Save & Exit "/> <input data-bbox="797 1738 865 1766" type="button" value=" Next > "/></div>		
<div style="display: flex; justify-content: space-between;"><div>Copyright ©2002-2004 MAXIMUS, Inc. All rights reserved.</div><div>Page ID: LI0288 / Version: QA2.8 Privacy Policy</div></div>		


Mailing Address Line 2

Enter the second line of the Mailing Address in this field.


City

Type the name of the city in this field.

Town

Select the name of the town by using the down arrow () next to the field.

State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.


Zip Code

Enter the zip code in this field using the format #####-####.

License Application – Section 8 of 14 (Interior Space)

This section captures the description of the Interior space to be used by the child care program. Complete the information for each of the following areas: **Basement**, **First Floor**, **Second Floor** and **Third Floor and Above**.

Complete Description

Select either **Yes** or **No** by using the radio button next to the field ().

Room Size

Enter the size of the room by using a numeric value for the square foot measurement.

Room – Planned Use

Enter a brief description of the room's usage.

Exits – Physical Location

Enter a description that gives details of the location of the exit.

Number of Lavatories

Enter a numeric value for the number of bathrooms on each level.

Number of Toilets

Enter a numeric value for the number of toilets on each level.

License Application – Section 9 of 14 (Outdoor Space)

This section contains a description of the outside play space to be used by the child care program. Complete the information for each of the following areas:

Play Area Size

List the size of the outside play area in square feet.

Barrier Description

The outside play area must be fenced or otherwise protected from traffic and other hazards. Enter the description of the fence or other barrier, which is present to protect children from hazards.

Cushion Description

Sufficient cushioning material must be in place under any equipment that allows a child to achieve a height of over 30". Enter the description of the type and depth of cushioning material in place.

Equipment Description

Climbing equipment and swings must be securely anchored to the ground. List each swing/piece of climbing equipment and indicate if it is anchored to the ground.

Hazard Description

Describe any hazards; including roads, bodies of water or other conditions which could be hazardous to children, which are located near the outside play area.

Shade Description

The outside play area must include provision for shade. Enter the description of the area where shade will be provided.

License Application – Section 10 of 14 (Zoning)

License Application - Section 10 of 14
Zoning

App. # 1864

Zoning Approval Required?

☐ Yes ☐ No

Zoning Permit Date:
(mm/dd/yyyy)

If zoning approval is not required, indicate below any related information such as who the applicant spoke with and when to find out zoning approval is not required:

< Back

Save & Exit

Next >

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This section records that the applicant is in good standing with regard to municipal zoning.

Zoning Approval Required?

Select either **Yes** or **No** by using the radio button next to the field (☒).

Zoning Permit Date

Enter the date of the zoning permit using the format MM/DD/YYYY.

If zoning approval is not required, indicate below any related information such as who the applicant spoke with and when to find out zoning approval is not required.

Enter a brief description of the details for the above statement.

License Application – Section 11 of 14 (Fire Prevention)

This section documents the information and the outcome of an inspection completed by the Department of Labor and Industry.

Building Name

Type in the name of the building in which the licensed program is located.

Site Number

Enter the site number provided by the Fire Marshal.

Fire Marshal

Enter the name of the fire marshal who performed the inspection.

Hazard Index

Enter the number for the value given as the Hazard Index for the space.

Inspection Date

Enter the date of the inspection in this field.

Number of Children

Enter the number of children listed for the inspection.

Number of Staff

Enter the number of staff listed for the inspection.

Occupancy Granted?

Select either **Yes** or **No** by using the radio button next to the field (☒).

Occupancy by Floor

Enter the numbers associated with each floor of occupancy.

Owner's Name

Enter the building owner's name in this field.

Owner's Address

Enter the first line of the Mailing Address in this field.


Address Line 2

Enter the second line of the Mailing Address in this field.


City

Type the name of the city in this field.

Town

Select the name of the town by using the down arrow () next to the field.

State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.


Zip Code

Enter the zip code in this field using the format #####-####.

License Application – Section 12 of 14 (Water and Wastewater)

This section records the certification that the applicant is in good standing with regard to the Permit/Approval for Water and Wastewater Management from the Agency of Natural Resources.

Wastewater Management Permit

Select either **Yes** or **No** by using the radio button next to the field ().

Evaluation Date

Enter the date of the evaluation in this field.

Permit/Approval Date

Enter the date for the permit or approval in this field.

Permit Number

Enter the number of the permit on the form in this field.

Number of Children

Enter the number of children listed for the inspection.


Ages of Children

Enter the ages of the children in the facility.

License Application – Section 13 of 14 (Asbestos)

Prior to initial licensure of an existing building an assessment shall be performed by a person certified by the Vermont Department of Health to determine (1) If Asbestos Containing Material (ACM) is present and (2) if ACM is present, to ascertain the condition of such material. This section documents that the applicant's structure is asbestos-free or if asbestos present, it has been removed or encapsulated.

Asbestos Assessment Determination

Select either **Yes** or **No** by using the radio button next to the field ().

Assessment Date

Enter the date of the assessment in this field.

Assessment Description/Summary

Enter the description of the assessment for the asbestos condition.

License Application – Section 14 of 14 (Lead)

Vermont Act 165 requires that all licensed buildings built before 1978 be either:

- Certified lead-free by a qualified person, or
- Have **Essential Maintenance Practices** performed on a yearly basis by a trained person.

This section records that the applicant's structure is lead-free or if lead is present, it has been removed or treated.

Year of Building Construction

Enter the year for the building construction.

Lead Inspection Outcome

Select either **Yes** or **No** by using the radio button next to the field (☐).

Essential Maintenance Practices Date

Enter the date for which Essential Maintenance Practices were performed in all areas of the facility to which children have access.

Essential Maintenance Practices Outcome

Select the outcome by using the down arrow () next to the field:

Complete

Not Complete

Not Applicable - (This answer would be for a building built after 1977 or certified lead-free)

Affidavit Date

Enter the Affidavit date.

Submitting the Application

Once you have completed all sections of the application, the next step is to submit the application to the Child Development Division for approval. At the conclusion of Section 14, click the **Next** button to access the **License Application Section Menu**.

[Account
Summary](#)[Provider
Demographics](#)[Payment &
Financial Info](#)[Attendance &
Invoicing](#)[Resources](#)[Contact](#)

License Application Section Menu

The sections for this application are listed below. Click on a section below to review or edit that section. Once you are finished inputting data for the various sections, use the button at the bottom of this page to submit the application for evaluation.

*** Indicates Required Info**

- [Organization and Ownership](#)
- [Applicant Information](#)
- [Tax Standing](#)
- [Child Support Obligations](#)
- [Program Information](#)
- [Program Director](#)
- [Insurance](#)
- [Interior Space](#)
- [Outdoor Space](#)
- [Zoning](#)
- [Fire Prevention](#)
- [Water and Wastewater](#)
- [Asbestos](#)
- [Lead](#)

Statements of Understanding and Verification

1. In making this application I state that: I am in receipt of, have read, and agree to comply with the applicable Child Care Licensing Regulations.
2. I grant permission to the Child Development Division or its authorized agent(s) to make necessary and reasonable investigation of the circumstances surrounding this application, my statements made herein, the attached questionnaire, information reports, personal references, and records of other social and regulatory agencies in Vermont and in other states if deemed appropriate.
3. I acknowledge that the Child Development Division and/or its authorized agent(s) may make reasonable inspection including photography, of the facility and its surroundings where I operate or plan to establish my child day care operation. For the purpose of such reasonable inspection of my facility, I acknowledge that the Child Development Division and/or its authorized agent(s) shall have free and full access to every part of the facility.
4. I am aware that if issued a child care license, I am subject to reasonable investigation and/or inspection to determine my continued conformity to the regulations under which the license was issued. Further, I am aware that any license granted to me is conditioned upon my continued compliance with the applicable Child Care Licensing Regulations and is time limited having a statutory duration of not more than one year from the date of issuance. If I desire to continue providing child care services, I must make a Re-application for a child care license yearly as provided in the prescribed regulations of the Child Development Division.
5. I understand that the information gathered by the Child Development Division and/or its authorized agent(s), related to inspection or investigation, is subject to review by a person with a bona fide interest in the inspection, investigation, or license.
6. All information I have given the Child Development Division and/or its authorized agent(s) is true and correct. Further, if I am granted a license by the Child Development Division, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party.
7. I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3106 and punishable as a misdemeanor or a felony.
8. I understand that this is only an application for a license, and that such application is subject to denial or limitations. In the event of such denial or limitation, I understand I have the right to a Fair Hearing before the Human Services Board.
9. I am aware that any license granted to me by the Child Development Division for the purpose of providing child care is subject to revocation or suspension. Further, in the event of any revocation or suspension, I am aware that I have the right to a Fair Hearing before the Human Services Board.
10. I certify that I am at least 18 years of age.
I make this application for a Child Care License as owner of the above-named services,
OR
I make this application for a Child Care License as an authorized agent of the corporation or organization listed in this application.

Indicate below your understanding of the statements above before submitting the request:

- ☐ **I declare that I have read and understand this application, including the documents referred to herein and to the best of my knowledge and belief the statements I have provided are true, correct and complete.**

[Save & Exit](#)[Submit Application](#)

Statements of Understanding and Verification*

Once the information has been reviewed, click on the box next to the **Understanding Statement** at the bottom of the page to electronically sign the application.

Submitting the Licensed Program Application

Once all information is correct, click on the **Submit Application** button at the bottom of the page. As a result, the **Confirmation** page is presented with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

License Application Submitted

The license application has been submitted to Child Development Division. Please note the application ID below for future reference:

Application Confirmation No. - 1864

Request ID - 513

You will be contacted when Child Development Division has processed your application. You may also check the status of your latest application under your [Account Summary](#) page.

- [View Application](#)

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Non-Subsidized Enrollment

This functionality allows providers the capability to record and track those children in their care who are non-subsidy enrollments. This object supports the documentation of the enrollments of children who do not receive child care subsidy. For providers participating in subsidy and performing electronic attendance for subsidy clients, a link to the non-subsidized enrollment process will be provided on the Provider Portal from the Attendance function. Subsidy providers using paper attendance for their subsidy clients will receive the non-subsidy enrollment forms at the same time as their attendance forms. Providers not serving any subsidized children will be given the option to obtain a login for this purpose or to receive paper non-subsidized enrollment forms. These forms will be distributed monthly.

The function is accessed from the **Account Summary** page (PM0227) through the **Account Option** item named **Non-Subsidized Enrollment**. By clicking on this option, the **Current Non-Subsidized Enrollment** page (PM0171) is displayed with the following information:

Initials

Date of Birth

Gender

Town of Residence

Enrollment Start Date

Enrollment End Date

Current Non-Subsidized Enrollment

Initials	DOB	Gender	Town of Residence	Enrollment Start	Enrollment End
----------	-----	--------	-------------------	------------------	----------------

We were unable to find any matches based on your search criteria. Please modify your search criteria and try again.

Other Options

- [New Non-Subsidized Enrollment Entry](#)
- [View Enrollment Ended Entries](#)

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New Non-Subsidized Enrollment Entry

The function is accessed through the **Other Option** item named **New Non-Subsidized Enrollment Entry**. By clicking on this option, the **New Non-Subsidized Enrollment** page (PM0178) is displayed for entry.

Enter the following information as described below.

New Non-Subsidized Enrollment Entry

* Indicates Required Info

* Initials:

* DOB:

(mm/dd/yyyy)

* Gender:

☐ Female

☐ Male

* Town of Residence:

- Please Select - ▼

* Enrollment Start:

(mm/dd/yyyy)

Enrollment End:

(mm/dd/yyyy)

Cancel

Submit

Initials

Enter the initials of the child being enrolled in this field.


DOB (Date of Birth)

Enter the date of birth using the following format **MM/DD/YYYY**.

Gender

Select **Female** or **Male** by using the radio button next to the field (☐).

Town of Residence

Select the name of the town by using the down arrow () next to the field.

Enrollment Start Date

Enter the date for the start of the enrollment in this field.

Enrollment End Date


Enter the date for the end of the enrollment in this field, if appropriate.

Canceling the Enrollment Entry

To cancel the entry, click on the **Cancel** button. You will be returned to the **Current Non-Subsidized Enrollment** page (PM0171) with no changes made.

Saving the Child Enrollment Updates

Once the new information has been entered, click on the **Submit** button in order to save the changes. You will be returned to the **Current Non-Subsidized Enrollment** page (PM0171) with the entry appearing in the table.



Bright Futures
Child Care Information System: Providers

Provider: Jesse's Child Care Center
 User: Jesse Brooks
[Logout](#)

[Account Summary](#)
[Provider Demographics](#)
[Payment & Financial Info](#)
[Attendance & Invoicing](#)
[Resources](#)
[Contact](#)

Current Non-Subsidized Enrollment

Sort by:

Displaying 1-1 of 1 Items

Initials	DOB	Gender	Town of Residence	Enrollment Start	Enrollment End
dmn	09/01/2003	Male		02/15/2005	[Edit]

Other Options

- [New Non-Subsidized Enrollment Entry](#)
- [View Enrollment Ended Entries](#)

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Edit an Enrollment Entry

This function would be used to make changes to or to end an enrollment. Click on the active **Edit** link at the end of the row for which you would like to make changes. As a result, the **Edit Non-Subsidized Enrollment Entry** page (PM0164) is displayed for editing.



Bright Futures

Child Care Information System: Providers

Provider: Jesse's Child Care Center

User: Jesse Brooks

[Logout](#)

**Account
Summary**

**Provider
Demographics**

**Payment &
Financial Info**

**Attendance &
Invoicing**

Resources

Contact

Edit Non-Subsidized Enrollment Entry

*** Indicates Required Info**

Initials: dmn
DOB: 09/01/2003
Gender: Male
Town of Residence:
Enrollment Start: 02/15/2005
Enrollment End:
(mm/dd/yyyy)

Cancel

Submit

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Change any information on this page. You may also end the enrollment by entering the **Enrollment End Date**. Once you have completed the changes, click on the **Submit** button. As a result, you will be returned to the **Current Non-Subsidized Enrollment** page (PM0171) with the changed entry appearing in the table if you have not ended the enrollment. If you have ended the enrollment, the entry may be found by using the **View Enrollment Ended Entries** function as described in the next section.

View Enrollment Ended Entries

This function would be used to view any enrollments which have ended. The function is accessed through the **Other Option** item named **View Enrollment Ended Entries**. By clicking on this option, the **Non-Subsidized Enrollment – Enrollment Ended** page (PM0177) is displayed with the following information:

Initials
Date of Birth
Gender
Town of Residence
Enrollment Start Date
Enrollment End Date



Bright Futures

Child Care Information System: Providers

Provider: Jesse's Child Care Center
User: Jesse Brooks
[Logout](#)

Account Summary

Provider Demographics

Payment & Financial Info

Attendance & Invoicing

Resources

Contact

Non-Subsidized Enrollment - Enrollment Ended

Sort by: Initials

Displaying 1-1 of 1 Items

Initials	DOB	Gender	Town of Residence	Enrollment Start	Enrollment End
dmn	09/01/2003	Male		02/15/2005	02/25/2005

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Notification of Closure

This functionality will allow providers to notify the CCSD online that they will no longer be providers of child care services in the State of Vermont. The function is accessed from the **Account Summary** page (PM0227) through the **Account Option** item named **Notification of Closure**. By clicking on this option, the **Notification of Closure** page (LI0280) is displayed.

Closure Notice

Use this form to notify the Child Development Division that your regulated child care facility, home, or program is closing or has already closed. Please enter all pertinent information, including the actual date of closure, and click the "Submit" button. If additional information is needed, someone from the Division will contact you.

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Complete the information in the text box on this page and click on the **Submit** button. Upon submission, a confirmation page is displayed to confirm submission and to provide information about the account.

Your Notice of Facility or Program Closing Has Been Submitted

Your closure notice has been submitted to the Child Development Division. Please print this screen for your records. The Child Development Division will contact you if any additional information is needed.

Please check your e-provider account regularly for the next 30 days. Be sure to print any electronic documents that you may need for your records.

The Child Development Division will disable your e-provider account in approximately 30 days from the date your closure notice was submitted.

Thank you for your service as a child care provider for Vermont's children and families.

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Notification of Unexcused Absences

This form is used to notify Child Development Division of Unexcused Absences of Protective Services Children. The function is accessed from the **Account Summary** page (PM0227) through the **Account Option** item named **Notification of Unexcused Absences**. By clicking on this option, the **Notification of Unexcused Absences** page (PM0269) is displayed.

Notification of Unexcused Absences

This form is used to notify Child Development Division of Unexcused Absences of Protective Services Children. Please enter any pertinent information about the absence(s), including child information and dates absent.



Cancel

Submit

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Please enter any pertinent information about the absence(s), including child information and dates absent. When done, click on the **Submit** button. Upon submission, a confirmation page is displayed to confirm submission and provide information regarding the entries.

Notification of Unexcused Absences of Protective Services Children Submitted

Your notification of unexcused absences of Protective Services children has been submitted and will be brought to the appropriate case worker's attention. You will be contacted if additional information is needed.

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Referral Agreement

This object allows for the recording of additional optional information to be captured for provider participating in the referral process. The data will be utilized in the Child Care Search function. In order for a provider to be returned in the search results for referrals, an agreement must be completed and the provider participation status must be Active.

Select the menu option **Referral Agreement** under **Account Options**. As a result, the **Provider Referral Agreement** page (PM0159) is displayed.

Provider Referral Agreement	
Referral Status:	Active
Last Updated:	08/20/2004
Notes:	
Referral Agreement Section Menu	
<ul style="list-style-type: none"> • Additional Fees • Program Information • Provider Schedule and Services 	<ul style="list-style-type: none"> • Vacancy and Capacity • Update Referral Status
<hr/> <div> <div>Copyright ©2002-2004 MAXIMUS, Inc. All rights reserved.</div> <div>Page ID: PM0159 / Version: QA2.7 Privacy Policy</div> </div>	

This page presents the following information:

Referral Status

The status will be either **Active** for a participating provider or **Inactive** for a non-participating provider.

Last Updated

The date in this field represents when the referral agreement was last updated.

Notes

Any notes pertaining to the referral agreement will be displayed in this area.

Completing the Referral Agreement

The Referral Agreement is completed by choosing each of the menu options presented in the **Referral Agreement Section Menu**. These items represent all areas that the provider completes for the referral process. These items are used to produce the matches that occur during the client referral process.

- Additional Fees**
- Program Information**
- Provider Schedule and Services**
- Vacancy and Capacity**
- Update Referral Status**

Select each item to record the particulars about the agreement area. As each section is completed, return to the **Referral Agreement Section Menu** by clicking on the **Referral Agreement Section Menu** button.

Update Referral Status

The first step in creating a new referral agreement for a provider who has never had an agreement in the past is to change the status from **Inactive** to **Active**. By doing so, the information that has been captured in the Licensing process will be populated in the appropriate fields as they are described in the following sections of the referral agreement.

This copy feature only works for the initial agreement. Any changes made as you are recording the referral agreement information will be maintained in the referral area only. No changes will overwrite the Licensing information. In addition, subsequent changes in licensing information will not automatically change the referral agreement.

This function maintains the Referral Participant Status for the Provider. By selecting this menu option, the **Change Referral Participant Status** page (PM0152) is displayed.

Change Referral Participant Status

* Indicates Required Info

* Referral Status:

☒ Active
☐ Inactive

Notes:

Cancel

Submit

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Referral Status

The current Referral Status value is displayed when first accessing this page. Select the new value by using the radio button next to the field (●).

Active
Inactive

Saving the Provider Referral Status Entry

Once you have entered the above information for the provider program, save the information by clicking on the **Submit** button at the bottom of the page. As a result, you will be returned to the Provider Referral Agreement page (PM0147) with the new status appearing in the **Referral Status** field.

Provider Referral Agreement

Referral Status:

Active

Last Updated:

08/20/2004

Notes:

Referral Agreement Section Menu

• [Additional Fees](#)

• [Program Information](#)

• [Provider Schedule and Services](#)

• [Vacancy and Capacity](#)

• [Update Referral Status](#)

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Canceling the Provider Referral Status Entry

If you do not want to complete the eligibility process at the present time, click on the **Cancel** button. You will be returned to the **Provider Referral Agreement** page (PM0147) with no changes made in the Referral Status field.

Additional Fees

This element maintains information about any additional fees that a provider charges. By selecting this menu option, the **Referral Agreement – Additional Fees** page (PM0149) is displayed.

Referral Agreement - Additional Fees

Fee Type

Frequency of Fee

Fee Amount

No additional fees has been recorded for this provider.

Referral Agreement Menu

Add Additional Fee

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The information on this page contains the following:

Fee Type
Frequency of Fee
Fee Amount

Add Additional Fee

In order to add additional fees for the provider, click on the **Add Additional Fee** button. As a result, the **Referral Agreement – Add Additional Fees** page (PM0155) is displayed.

Referral Agreement - Add Additional Fee

* Indicates Required Info

* Fee Type:

- Please Select -

* Frequency of Fee:

- Please Select -

* Fee Amount:

Cancel


Submit

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Complete the following fields:

Fee Type*

Select the value for the Fee by using the down arrow () next to the field.

Activities
Craft Fees
Deposit
Document
Field Trip
Materials
Registration
Scholarship
Training

Frequency of Fee*

Select the value for the frequency of the fee by using the down arrow () next to the field.

By Event
Monthly
One-Time
Yearly

Fee Amount*

Enter the amount for the fee in this field by using the format \$\$.*¢¢*.

Saving the Additional Fee Entry

Once you have entered the additional fee information, save the information by clicking on the **Submit** button at the bottom of the page. As a result, you will be returned to the **Referral Agreement – Additional Fees** page (PM0149) with the new entry appearing as a row in the table.

Canceling the Additional Fee Entry

If you do not want to complete the eligibility process at the present time, click on the **Cancel** button. You will be returned to the **Referral Agreement – Additional Fees** page (PM0149) with no changes made.

Deleting an Additional Fee Entry

If any of the items in the list should be removed, you may do so by clicking on the **Delete** link at the end of the row. As a result, the item no longer appears in the table.

Program Information

This information contains basic information concerning the provider's business such as vacancies, curriculum, environment and program participation. By selecting this menu option, the **Referral Agreement – Program Information** page (PM0161) is displayed.


Referral Agreement - Program Information	
Last Updated:	08/20/2004
Curriculum:	
Guidance:	g
Program:	p
Supervision:	s
Ages Willing to Serve:	Infant, Toddler, Preschool, School Age
Program Participation:	Food Program
Additional Enhanced Services:	
Additional Charges:	
Non Profit:	No
Religious Activity:	No
Sibling Discount:	No
Subsidy Provider:	Yes
Environment	
Area Description:	Fenced Yard, Smoke Free
Building Type/Setting:	House
Pets:	
<div>Referral Agreement Menu</div> <div>Update Information</div>	
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Page ID: PM0161 / Version: QA2.7 Privacy Policy	

This page contains any previously entered information about the provider's program.

Update Program Information

In order to update the program information for the provider, click on the **Update Information** button. As a result, the **Referral Agreement – Update Program Information** page (PM0158) is displayed. This page contains the following fields which may be updated as necessary.

Curriculum

This field contains information about the curriculum offered by the provider. Select the value for this field by using the down arrow () next to the field.

Montessori
Waldorf

Guidance*

A description of the provider's guidance policies as contained in their Philosophy Statement. It should include the methods of guidance the provider will use to encourage children's self control, respect, and cooperation.

Program*

A description a typical daily routine planned for children in the provider's care as contained in his/her Philosophy Statement. It should include times for indoor/outdoor activities, naps, snacks, meals, and so forth.

Supervision*

A description of the provider's supervision policies as contained in their Philosophy Statement. It should describe where and upon what the children in care will rest or sleep as well as where children will play outdoors and how supervision practices will be met. Supervision practices will differ for age groups.

Ages Willing to Serve*

This section identifies the ages for which a provider is willing to care for children. In order to include an item for the age category, click on the (☐) next to the value for the age. To uncheck a selection, just click in the box again to remove it.

Infant

Toddler

Preschool

School Age

Program Participation

This area shows the programs in which the provider participates. In order to include an item for this category, click on the (☐) next to the value for the program participation. To uncheck a selection, just click in the box again to remove it.

Food Program

Head Start

Pre-K Program

Provider Service

These provider services have been included for the referral process. In order to include an item for this category, click on the (☐) next to the value for the provider service. To uncheck a selection, just click in the box again to remove it.

Drop-In

Holiday Care

Provider Service Rate

If the provider provides a service in the above field, the amount charged for a provider service is entered in this field.

Non-Profit*

Select either **Yes** or **No** by using the radio button next to the field (☐). If this field has been recorded on the License Application, the value will be displayed here.

Religious Activity*

This indicator denotes whether the provider makes available religious activities. Select either **Yes** or **No** by using the radio button next to the field (☐).

Sibling Discount*

This indicates whether the provider rates are reduced for siblings. Select either **Yes** or **No** by using the radio button next to the field (☐).

Subsidy Provider*

This field indicates whether the provider is willing to serve subsidized clients. Select either **Yes** or **No** by using the radio button next to the field (☐).

Environment

This information pertains to the physical characteristics of a provider site.

Area Description

This identifies the information about a provider's physical area. In order to include an item for this category, click on the (☐) next to the value for the description. To uncheck a selection, just click in the box again to remove it.

Fenced Yard

Smoke Free

Building Type/Settings

This information describes the physical attributes of a building or setting. Select the value for this field by using the down arrow () next to the field.

Apartment
House
Mobile Home
Non-Residential
Workplace-Based

Pets

Identify any pets in the provider setting by clicking on the (☐) next to the value for the pet. To uncheck a selection, just click in the box again to remove it.

Dog
Cat
Other Furry Animal
Other Non-Furry Animal

Saving the Program Information Entries

Once you have entered the above information for the provider program, save the information by clicking on the **Submit** button at the bottom of the page. As a result, you will be returned to the **Referral Agreement – Program Information** page (PM0161) with the new information appearing in the appropriate fields.

Canceling the Program Information Entries

If you do not want to complete the eligibility process at the present time, click on the **Cancel** button. You will be returned to the **Referral Agreement – Program Information** page (PM0161) with no changes made.

Provider Schedule and Services

This function maintains information about the schedules and services identified by a provider for referral purposes. By selecting this menu option, the **Referral Agreement – Provider Schedule and Services** page (PM0160) is displayed.

Referral Agreement - Provider Schedule and Services	
Scheduling Comments:	
Special Schedule:	
Type of Care:	Before and After School, Daytime
Usual Program Start Time:	6:30am
Usual Program End Time:	6:30pm
Days of Operation:	
Program Meals:	Special Diets
Meals or Snacks Served:	The program intends to prepare and serve snacks and meals on premises
Languages Supported:	
Transportation:	City Bus Route
Schools Served:	
<div>Referral Agreement Menu</div> <div>Update Information</div>	
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This page contains any previously entered information about the provider's schedule and services.


Update Schedule Information

In order to update the program information for the provider, click on the **Update Information** button. As a result, the **Referral Agreement – Update Provider Schedule and Services** page (PM0150) is displayed. This page contains the following fields which may be updated as necessary.

Scheduling Comments

Enter any comments that pertain to schedule in this text box. When entering comments, be conscience of spelling and punctuation, as these comments will be included in the printed Referral Document.

Special Schedule

Select the value for this field by using the down arrow () next to the field.

In-Service Days
School Year Only
Summer Only


Type of Care

In order to include an item for this category, click on the (☐) next to the value for the type of care. To uncheck a selection, just click in the box again to remove it.

After School
Before School
Before and After School
Daytime
Drop-in Care
Emergency Care

Full-Time
Kindergarten
Part-Time
Second Shift
Third Shift
Weekends

Usual Program Start and End Times

Enter the starting and ending times by using the down arrow next to the field () to access the drop-down list.

Days of Operation

Complete the information for the days of operation by clicking in each box (☐) next to the Day of the Week to mark with a checkmark.

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

Program Meals

In order to include an item for this category, click on the (☐) next to the value for the meal information. To uncheck a selection, just click in the box again to remove it.

Allergy Awareness
Special Diets

Meals or Snacks Served*

Select one or more of the following options by clicking in the checkbox next to the field (☐).

- The program intends to provide snacks only
- The program intends to serve snacks and meals provided by each child's parent
- The program intends to prepare and serve snacks and meals on premises
- The program intends to have meals prepared off premises and delivered to program
- Other

Languages Supported

In order to include an item for this category, click on the (☐) next to the value for the language selection. To uncheck a selection, just click in the box again to remove it.

American Sign Language
Bosnian
Chinese
English

French
Somalian
Spanish
Vietnamese

Transportation

In order to include an item for this category, click on the (☐) next to the value for the transportation selection. To uncheck a selection, just click in the box again to remove it.

School Bus Route
City Bus Route
From Home

To Home
From School
To School

Schools Served

Select as many schools for this field as appropriate. In order to select multiples, hold down the CTRL key as you use your left mouse button to highlight and click on the selection.

Saving the Provider Schedule and Services

Once you have entered the above information for the provider program, save the information by clicking on the **Submit** button at the bottom of the page. As a result, you will be returned to the **Referral Agreement – Provider Schedule and Services** page (PM0160) with the new information appearing in the appropriate fields.

Canceling the Provider Schedule and Services

If you do not want to complete the eligibility process at the present time, click on the **Cancel** button. You will be returned to the **Referral Agreement – Provider Schedule and Services** page (PM0160) with no changes made.

Provider Vacancy and Capacity

This function maintains information about the vacancies and capacities identified by a provider for referral purposes. By selecting this menu option, the **Referral Agreement – Vacancy and Capacity** page (PM0147) is displayed.

Referral Agreement - Vacancy and Capacity	
Last Updated:	08/20/2004
Infant Capacity:	5 Vacancies: <input type="text"/>
Toddler Capacity:	0 Vacancies: <input type="text"/>
Pre-School Capacity:	0 Vacancies: <input type="text"/>
School-Age Capacity:	10 Vacancies: <input type="text"/>
<div>Referral Agreement Menu Update Information</div>	
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This page contains any previously entered information about the provider's capacity and vacancies. The capacity information has been carried forward from the Provider's Operating Profile. The vacancies have been entered by the provider.

Update Vacancy and Capacity Information

In order to update the program information for the provider, click on the **Update Information** button. As a result, the **Referral Agreement – Update Vacancy and Capacity** page (PM0157) is displayed.

Referral Agreement - Update Vacancy and Capacity			
Infant Capacity:	<input type="text"/>	Vacancies:	<input type="text"/>
Toddler Capacity:	<input type="text"/>	Vacancies:	<input type="text"/>
Pre-School Capacity:	<input type="text"/>	Vacancies:	<input type="text"/>
School-Age Capacity:	<input type="text"/>	Vacancies:	<input type="text"/>
<input type="button" value="Cancel"/> <input type="button" value="Submit"/>			

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This page contains a **Capacity** and a **Vacancy** value for each of the following fields which may be updated as necessary:

- Infant
- Toddler
- Pre-School
- School-Age

Saving the Vacancy and Capacity Entries

Once you have entered the above information for the provider program, save the information by clicking on the **Submit** button at the bottom of the page. As a result, you will be returned to the **Referral Agreement – Provider Vacancy and Capacity** page (PM0147) with the new information appearing in the appropriate fields.

Canceling the Vacancy and Capacity Entries

If you do not want to complete the eligibility process at the present time, click on the **Cancel** button. You will be returned to the **Referral Agreement – Provider Vacancy and Capacity** page (PM0147) with no changes made.

Registered Family Child Care Home Application (Registered Providers Only)

This option is only available online as an Account Option prior to the approval of a license. By selecting this menu option from the Account Summary page, you will access the application for the Registered Home. Complete the application as described in the following section.

Completion of Each Section of the Registered Home Application

Upon completion of each section of the Application, the navigational buttons at the bottom of the page perform the following functions:

Save and Exit

Saves the information that was recorded on the page.

Next

As you complete the information in a section, you may proceed to the next section by clicking the **Next** button.

Back

If you want to review a previous section, you may access that section by clicking the **Back** button.

Complete each section of the application as described in the following sections.

Part 1 of 9: Applicant Information

Application Date

The date in this field has been carried forward from the Applicant Information previously recorded. It may be changed if necessary.

Previous License Applications Information

This area includes the information regarding the owner's application for license.

Has applicant applied for a child care license, registration, or certificate from Vermont or any other state within the last five years?*

Select either **Yes** or **No** by using the radio button next to the field (☐). If the answer to the above question is **Yes**, complete the information for the following fields:

Which State?

Select the name of the state by using the down arrow () next to the field.

License/Registration Outcome

Select the outcome by using the down arrow () next to the field.

Denied
Granted
Not Renewed
Revoked
Still in Force
Suspended
Withdrawn

Applicant Information

Complete the following information about the applicant.

Has applicant ever been convicted for a violation of any law or ordinance (except parking violation)?

Select either **Yes** or **No** by using the radio button next to the field (☐). If the answer to the above question is **Yes**, complete the information for the following fields:

Conviction Description

Enter a description for the conviction in this notes field if the answer to the previous question is **Yes**.

Signature Present?

Select either **Yes** or **No** by using the radio button next to the field (☐).

Signature Date

Enter the date in this field using the format **MM/DD/YYYY**.

Electronic Participation Information

Complete the following information about the applicant's electronic information.

Web Site Address

Enter the URL for the provider's web site.

Electronic Participation*

Select either **Yes** or **No** for the selection by using the radio button next to the field (☐). If this answer is **Yes**, the following two fields are required if provider elects to participate electronically.

Participation Request Date

Enter the date on which electronic participation is requested.

E-mail Address

Enter the complete e-mail address for the provider.

Part 2 of 9: Home

This section contains information about the physical structure where children will be receiving child care services.

Applicant's Home Is*

Select one of the following by using the radio button next to the field (☐):

☐ Owned

☐ Rented

If renting, does applicant have the approval of their landlord to provide child care in this apartment or house?

Select either **Yes** or **No** by using the radio button next to the field (☐).

Number of Floors

Enter the number of floors using a number only.

Year of Building Construction*

Enter the year using the format YYYY.

Directions to Site from Waterbury*

Enter information in the text box to describe the directions using as much text as needed.

Description of House/Building

Enter information in the text box to describe the building using as much text as needed.

Part 3 of 9: People Currently Living in Applicant's Home

This section contains information about the people living in the home where children will be receiving child care services.

Registered Family Child Care Home Application: Part 3 of 9 Census		
People Currently Living in Applicant's Home		[Add Person]
Use the "Add Person" link above to list household members living in the applicant's home, or anyone who may assist in providing child care.		
Name (Last, First)	Relationship	DOB
We were unable to find any matches based on your search criteria. Please modify your search criteria and try again.		
<div style="text-align: center;"><input data-bbox="706 1312 782 1341" type="button" value=" < Back "/> <input data-bbox="800 1312 927 1341" type="button" value=" Save & Exit "/> <input data-bbox="945 1312 1015 1341" type="button" value=" Next > "/></div>		
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To add people to the application, click on the **Add Person** link at the top of the **People Currently Living in Applicant's Home** table. As a result, the **Add Person** page shown below is accessed.

Family Home Registration Application -
Add Person (Household Member/Child Care Provider)

* Indicates Required Info

* Last Name:

* First Name:

Middle Name:

* Gender: ☐ Female ☐ Male

* Date of Birth:
(mm/dd/yyyy)

* Person Type:

* Relationship to Applicant:

Cancel

Continue >

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Complete the information in the following fields:

Last*, First* and Middle Name

The name will be carried forward from the entry made on the search page or due to the selection of the **Use Selected** function. If the name is carried forward by using the function **Create New Party**, you may change the name of the provider in the appropriate name fields.

Gender*

Select **Female** or **Male** by using the radio button next to the field (☐).

Date of Birth*

Enter the date of birth using the following format **MM/DD/YYYY**.

Person Type*

Select the type by using the down arrow () next to the field.

Care Provider/Household Member

Other Care Provider

Relationship to Applicant*

Select the relationship by using the down arrow () next to the field.

Parent of

Child of

Employee of

Employer of

Adopted Child

Adopted Parent

Aunt/Uncle

Biological Child

Biological Parent

Cousin

Employee of

Employer of

Foster Child

Foster Parent

Grand/Great Grandchild

Grand/Great Grandparent

Legal Guardian

Niece/Nephew

None (Not Related)

Other Related

Parent of

Sibling

Spouse

Stepparent

Ward

When you have completed the fields, click on the **Continue** button. The newly entered person now appears in the **People Currently Living in Applicant's Home** table.

Registered Family Child Care Home Application: Part 3 of 9
Census

People Currently Living in Applicant's Home

[\[Add Person\]](#)

Use the "Add Person" link above to list household members living in the applicant's home, or anyone who may assist in providing child care.

Displaying 1-1 of 1 Items

Name (Last, First)	Relationship	DOB	
Bell, Lindsay	Parent of	09/01/1944	[Remove]

< Back

Save & Exit

Next >

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Part 4 of 9: Heating Inspection System

This section contains the information that certifies that the applicant's heating system is properly installed and operating safely.

Date of Inspection*

Enter the date of inspection in this field using the format **MM/DD/YYYY**.

Name of Qualified Inspector*

Enter the name of the inspector in this field.

Firm Name*

Enter the name of the company responsible for the inspection.

Heating System(s) and chimney(s) being used are installed properly and operating safely.*

Select either **Yes** or **No** by using the radio button next to the field (☐).

Recommendations

Enter text that describes the recommendation for the heating system operation.

Applicant Certification*

Select one of the following choices by using the radio button next to the field (☐):

All recommendations regarding proper installation and safe operation have been completed.

No recommendations were made regarding proper installation and safe operation.

Signed Certification*

Select either **Yes** or **No** by using the radio button next to the field (☐).

Date Signed

Enter the signature date in this field.

Part 5 of 9: Lead Exposure Assessment

This section documents the certification that the applicant's structure is lead-free or if lead is present, it has been removed or treated.

Select either **Yes** or **No** by using the radio button next to each of the following required fields (☐):

Has any resident of the home ever been treated for lead poisoning?*

Does any resident have a job or hobby that involves exposure to lead?*

Is the applicant planning to renovate the home in the next year?*

Is the applicant planning to paint the interior or exterior of the home in the next 12 months?*

Do children play on an exterior porch?*

Is the outdoor play area within 6 feet of the foundation of the home?*

Part 6 of 9: Exits

This section contains the information about the levels of the applicant's home where children receive care and descriptions about the two (2) exits per level. Select the levels of the home where children receiving care will be allowed by marking the (☐) next to the field with a check. For each area selected, describe the exits (at least two (2) in each area) that meet Section V.19 regulations. Additional requirements may apply if children receiving child care are allowed on the third floor or above. Complete the information for **Exit 1** and **Exit 2**.

Basement

First Floor

Second Floor

Third Floor or above

Part 7 of 9: Tax Standing

This section provides certification that the applicant is in good standing with regard to payment of taxes, or is providing an alternate certification.

Tax Standing Status*

Select one of the following by using the radio button next to the field (☐).

In Good Standing

Not in Good Standing

Tax Standing Date

Enter the date in this field using the format **MM/DD/YYYY**.

If not in good standing, applicant wishes to:

Select one of the following by using the radio button next to the choice (☐).

Arrange with the Vermont Department of Taxes to bring owner into good standing.

Seek a determination from the Child Care Services Division that immediate payment would impose an unreasonable hardship.

Part 8 of 9: Child Support

This section certifies that the applicant is in good standing with regard to payment of child support payments, or is providing an alternate certification.

Child Support Obligation Status*

Select one of the following by using the radio button next to the field (☐).

In Good Standing

Not in Good Standing

Child Support Status Date

Enter the date in this field using the format **MM/DD/YYYY**.

If not in good standing, applicant wishes to:

Select one of the following by using the radio button next to the choice (☐).

Arrange with the Vermont Department of Taxes to bring owner into good standing.

Seek a determination from the Child Care Services Division that immediate payment would impose an unreasonable hardship.

Part 9 of 9: Program Information

This section contains information about the age-appropriate daily routines, levels of supervision and guidance for children receiving care in the proposed Registrant's home. Enter a brief description in the corresponding text box for each of the following areas:

Program*

Supervision*

Guidance*

Application Menu

On this page place a checkmark next to the certification statement at the bottom of the page.



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Child Care Information System: Providers

Provider: Bell, Bonnie
User: Bonnie Bell
[Logout](#)

**Account
Summary**

**Provider
Demographics**

**Payment &
Financial Info**

**Attendance &
Invoicing**

Resources

Contact

Registered Family Child Care Home Application: Application Menu

The sections for this application are listed below. Click on a section below to review or edit that section. Once you are finished inputting data for the various sections, use the button at the bottom of this page to submit the application for evaluation.

* Indicates Required Info

- [Applicant Information](#)
- [Home](#)
- [Census](#)
- [Heating System Inspection](#)
- [Lead Exposure Assessment](#)
- [Exits](#)
- [Tax Standing](#)
- [Child Support](#)
- [Program Information](#)

Statements of Understanding and Verification

1. In making this application I state that: I am in receipt of, have read, and agree to comply with the applicable Child Care Licensing Regulations.
2. I grant permission to the Child Development Division or its authorized agent(s) to make necessary and reasonable investigation of the circumstances surrounding this application, my statements made herein, the attached questionnaire, information reports, personal references, and records of other social and regulatory agencies in Vermont and in other states if deemed appropriate.
3. I acknowledge that the Child Development Division and/or its authorized agent(s) may make reasonable inspection including photography, of the facility and its surroundings where I operate or plan to establish my child day care operation. For the purpose of such reasonable inspection of my facility, I acknowledge that the Child Development Division and/or its authorized agent(s) shall have free and full access to every part of the facility.
4. I am aware that if issued a child care license, I am subject to reasonable investigation and/or inspection to determine my continued conformity to the regulations under which the license was issued. Further, I am aware that any license granted to me is conditioned upon my continued compliance with the applicable Child Care Licensing Regulations and is time limited having a statutory duration of not more than one year from the date of issuance. If I desire to continue providing child care services, I must make a Re-application for a child care license yearly as provided in the prescribed regulations of the Child Development Division.
5. I understand that the information gathered by the Child Development Division and/or its authorized agent(s), related to inspection or investigation, is subject to review by a person with a bona fide interest in the inspection, investigation, or license.
6. All information I have given the Child Development Division and/or its authorized agent(s) is true and correct. Further, if I am granted a license by the Child Development Division, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party.
7. I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3106 and punishable as a misdemeanor or a felony.
8. I understand that this is only an application for a license, and that such application is subject to denial or limitations. In the event of such denial or limitation, I understand I have the right to a Fair Hearing before the Human Services Board.
9. I am aware that any license granted to me by the Child Development Division for the purpose of providing child care is subject to revocation or suspension. Further, in the event of any revocation or suspension, I am aware that I have the right to a Fair Hearing before the Human Services Board.
10. I certify that I am at least 18 years of age.
I make this application for a Child Care License as owner of the above-named services,
OR
I make this application for a Child Care License as an authorized agent of the corporation or organization listed in this application.

Indicate below your understanding of the statements above before submitting the request:

*

I declare that I have read and understand this application, including the documents referred to herein and to the best of my knowledge and belief the statements I have provided are true, correct and complete.:



Save & Exit

Submit Application

Click on the **Submit** button to complete the process. Upon submission, the following confirmation page is displayed with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

Family Home Registration Application Submitted

The provider registration application has been submitted to Child Development Division. Please note the application ID below for future reference:

Application Confirmation No. - 1505

Request ID - 478

You will be contacted when Child Development Division has processed your application. You may also check the status of your latest application under your [Account Summary](#) page.

- [View Application](#)

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Service Requests – Account Option

The function is accessed from the **Account Summary** page (PM0227) through the **Account Option** item named **Service Requests**. By clicking on this option, the **Service Requests** page (PM0337) is displayed with the following information:

Date Submitted
Request ID
Request Type
Status

Service Requests				Sort by:	Date Submitted	Go!
Displaying 1-2 of 2 Items						
Date Submitted	Request ID	Request Type	Status			
09/15/2004	479	Add associated party to provider	Submitted	[Details]		
09/14/2004	478	Registered Home Application, Part 2	New	[Details]		

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Details

In order to view details for a particular item, click on the **Details** link at the end of the row containing the item. As a result, the **Service Request Details** page (CO0339) is presented for viewing with the following information.

Request Type
Request ID
Date Submitted
Assigned Caseworker
Assigned Group
Status
Status Reason
Status Notes

Service Request Details

Request Type: Add associated party to provider
Request ID: 479
Date Submitted: 09/15/2004
Assigned Caseworker:
Assigned Group:
Status: Submitted
Status Reason:
Status Notes:

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Variance Requests

The Variance Request supports the documentation in the system of a request for variance which may result from a record check finding; a provider complaint, or a licensing issue. In order to access this function, select the **Variance Requests** option under **Provider Options** at the bottom of the **Account Summary** page (PM0083). As a result, the **Variance Requests** page (LI0267) is displayed.

Variance Requests

Sort by:

Date Rec'd	Request ID	Requested by	Regulation	Ref. ID	Outcome
09/15/2004	347	Provider	I.4.a		

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The Variance Requests that have already been entered for a Provider are displayed in a table with the following information:

Date Received
Request ID
Requested By
Regulation
Reference ID Number
Outcome

File a New Variance Request

Once you have clicked on the **File a New Variance Request** button on the **Variance Requests** page, the **Record Variance Request** page (LI0278) is displayed.



Bright Futures

Child Care Information System: Providers

Provider: Bell, Bonnie

User: Bonnie Bell

[Logout](#)

Account
Summary

Provider
Demographics

Payment &
Financial Info

Attendance &
Invoicing

Resources

Contact

Record Variance Request

*** Indicates Required Info**

Reference ID:

* Regulation Number:

* Why is strict application of the regulation impractical? Why should the regulation be varied? How does the regulation cause you unnecessary hardship or why is the regulation unwarranted?

* Explain how or why you do not currently meet the regulation or why you cannot meet it in the future?

* Why is it fair to vary the regulation for you when others must comply? Why is your case special?

* What is your plan or alternative to the regulation that will offer the same level of protection or meet the same intent of regulation?

* What additional information can you offer to support your request? Are there other people who can offer evidence or support?

Supporting Documentation

Most variance requests require supporting documentation in the form of permits, affidavits, or pictures. Please mail supporting documentation to one of the Child Development Division [local agency offices](#). Please describe any such documentation that you will be submitting in the text box below.

Cancel

Submit

Enter the following information to process a request for the Provider.

Reference ID

The Reference ID is given to the Provider in the Record Check Outcome letter, and can be entered in this field.

Regulation Number*

Type in the Regulation Number associated with the request exactly as it appears in the Regulations.

Variance Request Questions

Complete the questions on the form in the textboxes.

Supporting Documentation

Please describe any such documentation that you will be submitting in the text box below.

Once you have entered the information, click on the **Submit** button to complete the process. Upon submission, the confirmation page is displayed with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

Variance Request Submitted

Your Variance Request has been submitted to Child Development Division. You will be contacted by Child Development Division when your request has been processed.

Below is your request ID for future reference:

Variance Request ID: 347

You may check the status of your request at any time by viewing the [Variance Requests](#) page under "Account Summary".

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Page ID: LI0275 / Version: QA2.7 [Privacy Policy](#)

Violation History

This functionality allows for association of Terms and Conditions to a particular License. These restrictions may be identified at any time during the license application, reapplication process, or any time during a Licensing case, and are printed on the License (or Certificate) form. These items can be viewed by selecting the **Account Summary** menu option **Violations and Restrictions**. As a result, the **Violations and Restrictions** page (PM0226) is presented.

Violation History

Violations

Type	Regulation/Restriction	Create Date	Due Date	Complete Date	Status
Violation	I.4.a: The following persons may not operate, reside at, ...	09/01/2004	09/02/2004		Appeal Period

Terms and Conditions

Type	Regulation/Restriction	Create Date	Due Date	Complete Date	Status
No Terms and Conditions have been recorded for this provider.					

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On this page, the following information is presented.

Violations

The table contains the following information:

Regulation Number
Regulation Text
Finding Date
Due Date
Complete Date
Status
Status Date

Terms and Conditions

The table contains the following information:

Type
Restriction
Finding Date
Due Date
Complete Date

Provider Demographics

Provider Demographics Overview

Demographic details for an organization are presented for viewing on the **Provider Demographics** page (CM0106). To access this page, select **Provider Demographics** on the sub-nav bar at the top of the page. As a result, the **Provider Demographics** page as shown below is displayed.

Provider Demographics

EIN:

Addresses

Type	Street Address	City	State	Town	Zip Code
Home/Location Address	211 Red Oak Lane		Vermont	Addison	02444
Mailing Address					[Update]

Contact Phones

Type	Data	Comments
Alternate Contact Phone		[Update]
Contact Phone	(802)444-5555	[Update]
Fax		[Update]

Electronic Contact Information

Type	Data	Comments
E-mail	lesliecorona@yahoo.com	[Update]
Web Site Address		[Update]

Profile Options

- [Request Update of EIN](#)

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The Contact Information on the party record is divided into the following sections:

Addresses

Contact Phones

Electronic Contact Information

Addresses

The information maintained for addresses has been entered throughout the system functions and is displayed on the person record. A table is presented which contains the most current of the entries for the person categorized by type.

Type

The type identifies an address by one of the following values:

Home/Location Address

Mailing Address

Street Address

The physical address is displayed as the Street Address along with the following:

City
State
Zip Code

Update Address

In order to update an address entry, select the **Update** link at the end of the row that you wish to change. As a result of this action, the **Edit Address** page is presented for edits.

Edit Address
*** Indicates Required Info**
Type: Mailing Address
* Address Line 1: 800 Maple Grove Road
Address Line 2:
City:
* Town: Addison
* State: Vermont
Zip Code: 05444

Cancel Save Updates

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On this page, the Address type is brought forward from the previous page. Enter the information in the following fields as needed.

Address Line 1

Enter the first line of the address in this field.

Address Line 2

Enter the second line of the address in this field.

Town

Select the name of the town by using the down arrow (▼) next to the field.

City

Type the name of the city in this field.

State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow (▼) next to the field.

Zip Code

Enter the zip code in this field using the format #####-####.

Submitting the Address Updates

Once the information has been entered and reviewed, click on the **Save Updates** button at the bottom of the page. As a result, the **Provider Demographics** page (CM0106) is presented with the updated information.

Contact Phones

The information maintained for contact information has been entered throughout the system functions and is displayed on the person record. A table is presented which contains the most current of the entries for the person categorized by Type.

Type

The type identifies a contact by one of the following values:

Contact Number
Alternate Contact Number
Fax

Data

The contact data contains the information about the type of the contact entered.

Comments

This field contains any additional comments that should be associated with the contact; i.e., calling times, message instructions, etc.

Edit Contact Phones

In order to update a phone entry, select the **Update** link at the end of the row that you wish to change. As a result of this action, the **Edit Contact Number** page is presented for edits.

Edit Telecom Number

*** Indicates Required Info**
Type:
*** Data:**
Comments:

Contact Phone

Cancel

Save Updates

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On this page, the **Contact Number** type is brought forward from the previous page. Enter the information in the following fields as needed.

Data

The contact data contains the information about the type of the contact entered.

Comments

This field contains any additional comments that should be associated with the contact; i.e., calling times, message instructions, etc.

Submitting the Contact Number Updates

Once the information has been entered and reviewed, click on the **Save Updates** button at the bottom of the page. As a result, the **Provider Demographics** page (CM0106) is presented with the updated information.

Electronic Contact Information

The information maintained for electronic contact information has been entered throughout the system functions and is displayed on the person record. A table is presented which contains the most current of the entries for the person categorized by Type.

Type

The type identifies a contact by one of the following values:

E-Mail

Web Site Address

Data

The contact data contains the information about the type of the contact entered.

Comments

This field contains any additional comments that should be associated with the contact; i.e., calling times, message instructions, etc.

Edit Electronic Contact Information

In order to update an electronic contact entry, select the **Update** link at the end of the row that you wish to change. As a result of this action, the **Edit Electronic Address** page is presented for edits.

Edit Electronic Address

*** Indicates Required Info**
Type:
*** Data:**
Comments:

E-mail

lesliecorona@yahoo.com

Cancel

Save Updates

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On this page, the **Electronic Contact** type is brought forward from the previous page. Enter the information in the following fields as needed.

Data

The contact data contains the information about the type of the contact entered.

Comments

This field contains any additional comments that should be associated with the contact; i.e., message instructions, etc.

Submitting the Electronic Contact Updates

Once the information has been entered and reviewed, click on the **Save Updates** button at the bottom of the page. As a result, the **Provider Demographics** page (CM0106) is presented with the updated information.

Request Update of EIN

This functionality provides the capability for providers to update an Employer Identification Number online. To access this function, select **Request Update of EIN** from the **Profile Options** at the bottom of the **Provider Demographics** page (CM0106). As a result, the **Request Update of EIN** page (SR0015) is presented.

Request Update of EIN

* Indicates Required Info

EIN on Record:

* EIN Update:

Cancel

Submit

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Page ID: SR0015 / Version: QA2.7 [Privacy Policy](#)

The **EIN on Record** appears at the top of the page. Enter the new Employer Identification Number in the **EIN Update** field. When finished, click on the **Submit** button. As a result, the **Confirmation** page as shown below is displayed with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

Request Update of EIN submitted

A service request for an update of your EIN has been submitted to the Child Development Division.

Please note that the EIN is considered a personal identification number, and is subject to verification by your case manager. Please allow several days for the updated EIN to be included in your record.

Below is your request ID for future reference.

Request ID: 481

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Payment and Financial Information

Payment Overview

The Payment History displays the payments made for a specified time and/or a specified provider. This same function is available on the external portal for providers to view data about their own payments. To access this function, select the option **Payment and Financial Information** from the sub-nav bar of the Provider **Account Summary** page. As a result, the **Payment and Financial Information** page (AR0041) is presented.

Payment and Financial Information

Payment Inquiry

View Payments From: To:

Most Recent Payments

Payment No.	Issue Date	Status	Amount
Unable to find any posted payments.			

Payment & Financial Options

[View Cash Receipts](#)

[View Payment Intercepts & Recoupments](#)

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View Payments

On this page, use the **View Payments** search filter fields to perform the most effective search for the payment records in the database. Once the dates have been entered, click on the **Go** button.

The **Most Recent Payments** table will be filtered to reflect the searched dates. The information displayed includes the following about each payment:

Payment Number
Issue Date
Status
Amount

View Cash Receipts

In order to access this function, select the **View Cash Receipts** option under **Payment and Financial Options** at the bottom of the **Payment and Financial Information** page (AR0041). As a result, the **Cash Receipts** page (AR0042) is displayed.

Cash Receipts

Receipt ID	Date Received	Payment Type	Check No	Amount
Unable to locate any cash receipts during the requested report period.				

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This page contains a list of all cash receipts issued for a provider with the following information:

Receipt ID
Date Received
Payment Type
Check Number
Amount

View Payment Intercepts and Recoupments

In order to access this function, select the View Payment Intercepts and Recoupments option under Payment and Financial Options at the bottom of the Payment and Financial Information page (AR0041). As a result, the Payment Intercepts and Recoupments page (AR0040) is displayed.

Payment Intercepts and Recoupments						
Payment Intercept No.	Payment Intercept Holder	Status	Type	Entry Created	Opening Amount	Deductions / Repayments
No Payment Intercepts are created						
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This page contains a list of all cash receipts issued for a provider with the following information:

Payment Intercept Number
Payment Intercept Holder
Status
Type
Entry Created
Opening Amount
Deductions/Repayments

Attendance and Invoicing

Attendance and Invoicing Overview

An attendance roster is created as a result of the enrollment associated with providers in the system. The functions contained within this area allow attendance information to be entered, viewed, reviewed and submitted for payment acceptance. Attendance is to be recorded in two week intervals and can be completed by the provider through the External Portal or by submission of paper attendance. If the provider is an eProvider, the paper attendance form is not scheduled to be printed and mailed to the provider. The functions that are associated with the attendance process are described in the following sections. To access this page, select **Attendance and Invoicing** on the sub-nav bar at the top of the **Account Summary** page. As a result, the **Attendance and Invoicing** page as shown below is displayed.

Attendance/Invoicing

Submit Invoice

To submit an original or adjustment invoice, select the service period below and click "Go!"

Submit Invoice:

View Invoices

Enter the information for the invoice(s) you wish to find below.

Invoice No.:

Invoice Type:

Invoice Status:

Service Period From:

Service Period To:

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Submit Invoice

This function allows you to record attendance or services provided during a specific service period. The following types of services are covered in this functionality. You will only see this section of the page if children have been enrolled in the facility.

Attendance for Contracts (Reserved Spaces)

Each child who has been enrolled with the provider will be displayed on the attendance invoice for the length of the enrollment. Each roster is generated for a two week interval by week, by day, starting with Sunday.

Upon the completion and submission of the Attendance Invoice, approvals are granted so that the invoice will be considered for payment in the next scheduled payment cycle. Payments made for these types of enrollments are governed by the terms of the contract agreement.

Attendance for Providers with Subsidy Enrollments

Each child who has been enrolled with the provider will be displayed on the attendance invoice for the length of the enrollment. Each roster is generated for a two week interval by week, by day, starting with Sunday.

Upon the completion and submission of the Attendance Invoice, approvals are granted so that the invoice will be considered for payment in the next scheduled payment cycle.

Transportation Services

The receipt of these services can be entered for both individual and company transportation providers. A roster and an invoice are created for children associate with Transportation Providers as a result of the Transportation Authorization created in the system.

Upon the completion and submission of the Transportation Invoice, approvals are granted so that the invoice will be considered for payment in the next scheduled payment cycle.

View Invoices

Once invoices have been submitted for the types of services listed above, this function can perform a search to locate the invoices in different phases of the payment process for a particular provider.

Recording Attendance (General Guidelines)

The following guidelines have been implemented for the recording of attendance.

- Attendance is to be recorded and submitted in two week intervals.
- Screen presentation is by week, by day, starting with Sunday.
- Attendance should be submitted within 60 days of the end of attendance period. Providers will be unable to enter attendance on the provider portal after 60 days. Note: If you have attendance for a period that is greater than 60 days, contact the Child Development Division for further information.
- A day a child was in attendance is to be recorded by entering the total hours of attendance per day.
- A day on which a child was expected to attend, but did not, should be indicated by one of the specified codes, as indicated in a subsequent section of this chapter.
- Only children who have active authorizations for some portion of the attendance period are listed on the attendance roster, both online and paper.
- Providers who have indicated that they wish to participate as "eProviders" will not have paper attendance generated. It is assumed that they will be entering their attendance directly through the External Portal.
- Providers who have not indicated that they wish to participate as "eProviders" will have paper attendance generated through the attendance batch process.
- Attendance still being recorded will have an Incomplete status. Attendance which has been completed by the provider or CCSD entry person will have a Complete status. Once the attendance has been reviewed, it will have either an Approved or Not Approved status.

Submitting an Invoice – Contract (Reserved Spaces)

Depending on the enrollment associated with the contract provider, the drop-down list for the Attendance Roster will be presented in the following ways.

Service Period by Date – Contract

Service Period by Date

Make one of the selections using the drop-down arrow and click on **Go**.

Submit Invoice
 To submit an original or adjustment invoice, select the service period below and click "Go!"

Submit Invoice:

07/11/2004 - 07/24/2004 Contract

Go!

View Invoices
 Enter the information for the invoice(s) you wish to find below.

Invoice No.:

Invoice Type:

- Please Select -

Invoice Status:

- Please Select -

Service Period From:
 (mm/dd/yyyy)

Service Period To:
 (mm/dd/yyyy)

Selection of Service Period with Contract Notation

By making the selection for the period entry **7/11/2004 – 7/24/2004 Contract**, the following page is presented.

Submit Invoice: Service Period 07/11/2004 to 07/24/2004

Service Period: 07/11/2004 - 07/24/2004
 Invoice Type: Reserved Space Contract
 Cost Per Reserved Space: \$100.00
 Number of Reserved Spaces: 3
 Net Amount: \$600.00
 Begin Date: 07/01/2004
 End Date: 06/30/2005

Child Name	Cert. No.	Rate	Amount	Net Amount	Status
No children are currently assigned to this provider					

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Because there are no enrollments for the provider, the invoice may not be submitted for payment.

Selection of Service Period with no Contract Notation

By making the selection for the period entry 07/11/2004 to 07/24/2004 (No Contract Notation), the **Submit Invoice for the Service Period** page (AT0007) is displayed.

Submit Invoice: Service Period 07/11/2004 to 07/24/2004
Displaying 1-4 of 4 Items

Child Name	Elig Exp	Cert #	Auth Hrs	Week	S	M	T	W	T	F	S
▶ Tyler, Anna ID: 1202	05/13/2005	376	50/Week	07/11-07/17:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				07/18-07/24:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Notes: <input type="text"/>						
▶ Tyler, Elizabeth ID: 1201	06/30/2005	377	50/Week	07/11-07/17:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				07/18-07/24:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Notes: <input type="text"/>						

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Each enrolled child is listed as a row in the table. The following information is presented for each child's record.

- Child Name**
- Eligibility Expiration Date**
- Certificate Number**
- Authorized Hours**
- Dates for each Week in Service Period**

Since the enrollments have been associated with the Contracted Space Provider, you may enter the information for the attendance. Record the attendance as described in "Completing the Invoice Submission (Attendance)" on page 107.

Submitting an Invoice – Subsidy Enrollments

Each child who has been enrolled with the provider will be displayed on the attendance invoice for the length of the enrollment. Each invoice is generated for a two week interval by week, by day, starting with Sunday. Make one of the selections using the drop-down arrow and click on **Go**.

As a result, the **Submit Invoice for the Service Period** page (AT0025) is displayed. Each enrolled child is listed as a row in the table.

Submit Invoice: Service Period 09/05/2004 to 09/18/2004
Displaying 1-2 of 2 Items

Child Name	Elig Exp	Cert #	Auth Hrs	Week	S	M	T	W	T	F	S
▶ King, Robert ID: 1519	06/10/2005	513	Variable	09/05-09/11:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				09/12-09/18:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Notes: <input type="text"/>						

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The following information is presented for each child's record.

Child Name
Eligibility Expiration Date
Certificate Number
Authorized Hours
Dates for each Week in Service Period

You may enter the information for the attendance. Record the attendance as described in “Completing the Invoice Submission (Attendance)” on page 107.

Completing the Invoice Submission (Attendance)

This section pertains to the invoices described in “Submitting an Invoice – Contract (Reserved Spaces)” on page 104 and “Submitting an Invoice – Subsidy Enrollments” on page 106. Once you have accessed the **Submit Invoice for the Service Period** page (AT0025), continue to enter the attendance information as described in this section.

For each enrollment entry, record the attendance in number of hours in each of the boxes associated with the days of the week as shown below.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
Submit Invoice: Service Period 10/24/2004 to 11/06/2004					
Child Name	Elig Exp	Cert #	Auth Hrs	Week of 10/24-10/30	Week of 10/31-11/06
Durkee, Susan ID: 21401	10/14/2005 Notes:	1609	Variable	S M T W T F S 0 8 8 8 8 8 0	S M T W T F S 0 0 0 0 0 0 0
Provider Certification					
<ul style="list-style-type: none"> Filing a false claim to a state agency is a criminal act. The crime is a felony under 33 V.S.A. §143, §141, with a maximum penalty of up to 10 years in prison or a fine up to \$1,000 or twice the amount wrongfully obtained. The crime is also a felony under 13 V.S.A. §3016 with a maximum penalty of 5 years in prison or a fine of up to \$10,000, or both. DCF may also take action against your child care license, registration, or Legally Exempt certificate if providing false information is substantiated. 					
Indicate below your understanding of the provider certification before submitting the attendance information.					
<input checked="" type="checkbox"/> The information I entered on this form is true, accurate, and complete.					
		<input type="button" value="Cancel"/>		<input type="button" value="Submit Attendance"/>	
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If hours are not indicated on the submitted form, leave the box blank. Others values that may appear on the form are the following:

- **S** = Sick
- **V** = Vacation
- **U** = Unexplained
- **N** = No longer attending - no notice

- H = Hold

Save and Exit Invoice

During the course of entering attendance information, you may save your work and return later to complete the invoice. In order to do so, click on the **Save and Exit** button at the bottom of the **Submit Invoice for the Service Period** page (AT0025).

Submit Attendance

Once the information has been recorded for all enrolled children, click on the **Submit Attendance** button. As a result, the **Submit Invoice for the Service Period** page (IN0021) is presented.

Submit Invoice: Service Period 08/08/2004 to 08/21/2004

Child Name	Elig Exp	Cert #	Auth Hrs	Week of 08/15-08/21							Week of						
				S	M	T	W	T	F	S	S	M	T	W	T	F	S
King, Robert ID: 1519	06/10/2005 Notes:	513	Variable	0	0	5	5	5	0	0							

Provider Certification

- Filing a false claim to a state agency is a criminal act. The crime is a felony under 33 V.S.A. §143, §141, with a maximum penalty of up to 10 years in prison or a fine up to \$1,000 or twice the amount wrongfully obtained. The crime is also a felony under 13 V.S.A. §3016 with a maximum penalty of 5 years in prison or a fine of up to \$10,000, or both.
- DCF may also take action against your child care license, registration, or Legally Exempt certificate if providing false information is substantiated.

Indicate below your understanding of the provider certification before submitting the attendance information.

☐ The information I entered on this form is true, accurate, and complete.

Cancel
Submit Attendance

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Complete the **Provider Certification** field by clicking in the checkbox next to the certificate statement at the bottom of the page.

Then, click on the **Submit Attendance** button. As a result, the **Submit Invoice for the Service Period Confirmation** page (IN0008) is presented. An **Invoice Number** has been generated for this submitted record.

Submit Invoice: Service Period 08/08/2004 to 08/21/2004

The invoice has been successfully submitted to the system. For your reference, the invoice number is listed below

Invoice No.: 713

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Submitting Attendance for Contracts (Reserved Spaces)

Upon the completion and submission of the Attendance Invoice, approvals are granted so that the invoice will be considered for payment in the next scheduled payment cycle. Payments made for these types of enrollments are governed by the terms of the contract agreement.

Submitting Attendance for Providers with Subsidy Enrollments

Upon the completion and submission of the Attendance Invoice, approvals are granted so that the invoice will be considered for payment in the next scheduled payment cycle.

Attendance for Additional Enrollments

In some cases, enrollments may be entered into the system after an attendance invoice has already been submitted. When this occurs, the invoice may be completed for just those enrolled children in the same manner as the original

entries. See the instructions as described in “Completing the Invoice Submission (Attendance)” on page 107. Once the invoice has been submitted, the invoices for the period will be displayed as two rows, with the secondary one(s) being marked as Attendance – Adjustment.

Displaying 1-2 of 2 Items

Invoice No.	Service Period	Date Created	Type	Amount	Status	Date Paid
717	09/19/2004 - 10/02/2004	09/30/2004	Attendance	\$160.00	Submitted	
718	09/19/2004 - 10/02/2004	09/30/2004	Attendance-Adj	\$96.00	Submitted	

Cancel

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Submitting an Invoice – Transportation Authorizations

Each child who has a transportation authorization entry recorded in the system will have an entry with the corresponding transportation provider for the length of the authorization. The receipt of these services can be entered for both individual and company transportation providers. An Invoice is created for children associated with Transportation Providers as a result of the Transportation Authorization created in the system.

Each invoice is generated for a two week interval by week, by day, starting with Sunday. Make one of the selections using the drop-down arrow and click on **Go**.

As a result, the **Submit Invoice for the Service Period** page (IN0024) is displayed. Each authorized child is listed as a row in the table.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	-----------------------------------	---------------------------	-------------------------

Submit Invoice: Service Period 11/07/2004 to 11/20/2004

Displaying 1-2 of 2 Items

Child Name	Week	Sun Trips/Mi	Mon Trips/Mi	Tue Trips/Mi	Wed Trips/Mi	Thu Trips/Mi	Fri Trips/Mi	Sat Trips/Mi
Durkee, Susan ID: 21401 Cert #: 444	11/07-11/13:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11/14-11/20:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provider Certification

- Filing a false claim to a state agency is a criminal act. The crime is a felony under 33 V.S.A. §143, §141, with a maximum penalty of up to 10 years in prison or a fine up to \$1,000 or twice the amount wrongfully obtained. The crime is also a felony under 13 V.S.A. §3016 with a maximum penalty of 5 years in prison or a fine of up to \$10,000, or both.
- DCF may also take action against your child care license, registration, or Legally Exempt certificate if providing false information is substantiated.

Indicate below your understanding of the provider certification before submitting the attendance information.

☒ **The information I entered on this form is true, accurate, and complete.**

Cancel Submit

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The following information is presented for each child’s record.

Child Name

Week for Transportation Services

Certificate Number

Dates for each Week in Service Period

Trips/Miles Entry Fields

You may enter the information for the transportation usage. Record the information as described in the following section, "Completing the Invoice Submission (Transportation)" on page 110.

Completing the Invoice Submission (Transportation)

For each transportation authorization entry, record the information in each of the boxes associated with the days of the week as shown below. Depending on the payment terms for the transportation contract, this information will either be used to determine the payment for unit cost contracts or serve as validation for fixed terms contracts.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact			
Submit Invoice: Service Period 11/07/2004 to 11/20/2004								
Displaying 1-2 of 2 Items								
Child Name	Week	Sun Trips/Mi	Mon Trips/Mi	Tue Trips/Mi	Wed Trips/Mi	Thu Trips/Mi	Fri Trips/Mi	Sat Trips/Mi
Durkee, Susan ID: 21401 Cert #: 444	11/07-11/13:	<input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11/14-11/20:	<input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider Certification								
<ul style="list-style-type: none">Filing a false claim to a state agency is a criminal act. The crime is a felony under 33 V.S.A. §143, §141, with a maximum penalty of up to 10 years in prison or a fine up to \$1,000 or twice the amount wrongfully obtained. The crime is also a felony under 13 V.S.A. §3016 with a maximum penalty of 5 years in prison or a fine of up to \$10,000, or both.DCF may also take action against your child care license, registration, or Legally Exempt certificate if providing false information is substantiated.								
Indicate below your understanding of the provider certification before submitting the attendance information.								
<input checked="" type="checkbox"/> The information I entered on this form is true, accurate, and complete.								
<div>Cancel Submit</div>								
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Trips

Enter the number of trips per day for each day of the week.

Miles

Enter the number of miles per day for each day of the week.

Cancel Transportation Invoice

If you do not wish to make changes at this time, click on the **Cancel** button. No changes will take effect for the transportation invoice record.

Submit Transportation Invoice

Once the information has been recorded for all authorized children, click on the **Submit** button. As a result, the **Submit Invoice for the Service Period** page (IN0008) is presented. An **Invoice Number** has been generated for this submitted record.

Transportation Provider: Lee, Bob Phone: (802)444-5555			Type: Informal Provider ID: 1214
Account Summary	Provider Profile	Payment & Financial Info	Attendance & Invoicing
Submit Invoice: Service Period 07/11/2004 to 07/24/2004			
The invoice has been successfully submitted to the system. For your reference, the invoice number is listed below			
Invoice No.:		310	
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View Attendance Invoices

This function allows you to view invoices for a particular provider. This option is accessed from the **Provider's Account Summary** page by clicking on the **Attendance and Invoicing** option on the sub-nav bar. As a result, the **Attendance and Invoice** page (IN0012) is presented.

Submit Invoice						
To submit an original or adjustment invoice, select the service period below and click "Go!"						
Submit Invoice:	<input type="text" value="- Please Select -"/>					<input type="button" value="Go!"/>
View Invoices						
Enter the information for the invoice(s) you wish to find below.						
Invoice No.:	<input type="text"/>					
Invoice Type:	<input type="text" value="- Please Select -"/>					
Invoice Status:	<input type="text" value="- Please Select -"/>					
Service Period From: (mm/dd/yyyy)	<input type="text"/>					
Service Period To: (mm/dd/yyyy)	<input type="text"/>					
<input type="button" value="Search Invoices"/>						
Displaying last 5 invoices:						
Invoice No.	Service Period	Date Created	Type	Amount	Status	Date Paid
717	09/19/2004 - 10/02/2004	09/30/2004	Attendance	\$160.00	Submitted	
View Rosters By Service Period						
Service Period:	<input type="text" value="- Please Select -"/>					<input type="button" value="Go!"/>
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Page ID: IN0012 / Version: V1.0						

In the middle of the page, the section named **View Invoices** allows you to perform a search on any invoices which have been generated for this provider. Prior to performing the search, review the entries in the table at the bottom of the page which lists the last five invoices created.


Search Invoices

If the invoice is not in the list, use the following search criteria to locate the one you want.

Invoice Number


If you know the ID Number, enter it here. This entry would give you the most direct connection to the invoice.

Invoice Type

Select the value for this field by using the down arrow () next to the field.

Attendance
Check Writer
Contract
Fixed Contract Transportation
Grant
Reserved Space Contract
Transportation

Invoice Status

Select the value for this field by using the down arrow () next to the field.

Approved
Closed
Complete
Error in Vision
Incomplete
Manual Review
Not Approved
Paid
Posted
Processed
Resubmission
Void

Service Period From

Enter the beginning date for the service period date range.

Service Period To

Enter the ending date for the service period date range.

Once you have entered the information in the above fields, click on the **Search Invoices** button. As a result, the **Invoice Inquiry Results** page (IN0002) is populated with the search results and contain the following for each invoice row displayed.

Invoice Number
Service Period
Date Created
Type
Amount
Status
Date Paid

Submit Invoice

To submit an original or adjustment invoice, select the service period below and click "Go!"

Submit Invoice:

View Invoices

Enter the information for the invoice(s) you wish to find below.

Invoice No.:
Invoice Type:
Invoice Status:
Service Period From:
(mm/dd/yyyy)
Service Period To:
(mm/dd/yyyy)

Displaying last 5 invoices:

Invoice No.	Service Period	Date Created	Type	Amount	Status	Date Paid
717	09/19/2004 - 10/02/2004	09/30/2004	Attendance	\$160.00	Submitted	

View Rosters By Service Period

Service Period:

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Attendance Invoice Detail

In order to view the information for a particular Invoice row, select the active link under **Invoice Number**. As a result, the **Invoice Details** page (IN0009) is displayed.

Invoice #716 Details

Service Period: 08/22/2004 - 09/04/2004
Invoice Created: 09/28/2004
Invoice Created By: Minh, Ad
Roster Received: 09/20/2004
Invoice Type: Attendance
Invoice Status: Manual Review
Date Paid:
Invoice Amount: \$41.60
Net Amount: \$0.00
Last Calculation Run: 09/28/2004, 02:26:58 PM
Last Update: 09/28/2004, 02:27:10 PM

Summary of Child Attendance Items

[\[View Attendance\]](#)

Displaying 1-1 of 1 Items

Child Name	Cert. No.	Adjusted Rate?	Amount?	Unsubsidized Amount?	Adj	Net Amount	Status
Dill, Ellen	521	\$64.00/week	\$41.60	\$22.40	\$0.00	\$41.60	Manual Review [Details]

The details for the invoice are displayed at the top of the page; the details for the **Summary of Child Items** vary depending on the type of invoice generated: Attendance or Transportation.

The top section contains the following identical information:

Service Period

This service period is for the two-week interval for which the attendance was recorded.

Invoice Created Date

The date on which the attendance was submitted is shown in this field.

Invoice Created By

The person who submitted the attendance is shown in this field.

Roster Received Date

The date on which the attendance roster was received by CCSD is shown in this field.

Invoice Type

The type of invoice is displayed in this field.

Attendance
Check Writer
Contract
Fixed Contract Transportation
Grant
Reserved Space Contract
Transportation

Invoice Status

The current status of the invoice is displayed in this field.

Approved
Closed
Complete
Error in Vision
Incomplete
Manual Review
Not Approved
Paid
Posted
Processed
Resubmission
Void

Date Paid

If the invoice has been paid, the date appears in this field.

Invoice Amount

The total of the invoice amount is shown in this field.

Net Amount

If the invoice has been paid, the net amount appears in this field. This value would reflect any recoupments that have been applied for this pay period.

Last Calculated Run

The date representing the last calculation performed for this invoice is shown in this field.

Last Update

The date representing the last update for this invoice is shown in this field.

Summary of Attendance Child Items (Enrollments)

The details for the **Summary of Attendance Child Items** generated for subsidy enrollments are shown at the bottom of the page.

Summary of Child Attendance Items							[View Attendance]
Displaying 1 - 1 of 1 Items							
Child Name	Cert. No.	Adjusted Rate?	Amount?	Unsubsidized Amount?	Adj	Net Amount	Status
Dill, Ellen	521	\$64.00/week	\$41.60	\$22.40	\$0.00	\$41.60	Manual Review [Details]

For enrollments, the summary contains the following information by child:

Child Name and Certificate Number

The child's name and certificate number authorizing this enrollment period is displayed.

Adjusted Rate

The payment rate that has been applied to this enrollment is displayed. Adjusted Rate - Adjusted Rate is equal to Payment Rate based on Attendance plus Special needs payment plus Tiered Reimbursement Payment.

Amount

The amount equals the Adjusted Rate minus Unsubsidized Amount.

Unsubsidized Amount

The co-pay amount assessed for this enrollment during the certificate generation process is displayed. This is based on the difference between the amount of the Provider Rate and the Payment Rate.

Adjustment

If any adjustments have been made to the attendance record, that amount is shown here.

Net Amount

The net amount appears in this field. This value would reflect any recoupments or adjustments that have been applied for this pay period.

Status

One of the following status values of the invoice is displayed in this field.

Approved
Closed
Complete
Error in Vision
Incomplete
Manual Review
Not Approved
Paid
Posted
Processed
Resubmission
Void

Summary of Attendance Child Items (Contracted Spaces)

The details for the **Summary of Attendance Child Items** generated for contracted spaces are shown at the bottom of the page.

Summary of Child Attendance Items							
[View Attendance]							
Displaying 1-2 of 2 Items							
Child Name	Cert. No.	Adjusted Rate?	Amount?	Unsubsidized Amount?	Adj	Net Amount	Status
Lewis, Georgia	524		\$100.00		\$0.00	\$100.00	Approved [Details]
Lewis, Georgia	524		\$100.00		\$0.00	\$100.00	Approved [Details]
Summary of Contract Child Items							
Displaying 1-1 of 1 Items							
Rate		Unit Cost	Number of Reserved Spaces	Amount	Net Amount	Status	
Amount is \$1,800.00 calculated @ \$100.00 per unit for 18 empty units		\$100.00	10	\$1,800.00	\$1,800.00	Approved	

For contracted space enrollments, the summary contains the following information:

Child Name

The child's name for this child care authorization period is displayed.

Certificate Number

The certificate number authorizing this enrollment period is displayed.

Adjusted Rate

This amount is blank for contracted spaces.

Amount

The amount for each child is the contracted space unit cost and is shown in this field.

Unsubsidized Amount

This entry appears blank for contracted spaces.

Adjustment

If any adjustments have been made to the attendance record, that amount is shown here.

Net Amount

The net amount appears in this field. This value would reflect any recoupments or adjustments that have been applied for this pay period.

Status

One of the following status values of the invoice is displayed in this field.

Approved
 Closed
 Complete
 Error in Vision
 Incomplete
 Manual Review
 Not Approved
 Paid
 Posted
 Processed
 Resubmission
 Void

Summary of Contract Child Items

At the bottom of the page, the following information is presented for contracted space invoices.

Rate
 Unit Cost
 Number of Reserved Spaces
 Amount
 Net Amount
 Status

This information indicates how the calculations were made to generate the Contracted Space Invoice.

Summary of Transportation Child Items (Fixed Rate Contract)

The details for the Summary of Transportation Child Items generated are shown at the bottom of the page.

Summary of Transportation Child Items					
Displaying 1-2 of 2 Items					
Child Name	Base Trip Rate	Base Mileage Rate	Amount	Net Amount	Status
Pearl, Peter			\$0.00	\$0.00	Approved
Pearl, Peter			\$0.00	\$0.00	Approved
Summary of Fixed Transportation Child Items					
Displaying 1-1 of 1 Items					
	Base Trip Rate	Unit Cost	Amount	Net Amount	Status
Amount is calculated @ \$310.08 according to transportation contract 1319			\$310.08	\$310.08	Approved

For a fixed rate transportation invoice, the items in the **Summary of Transportation Child Items** table will not contain information for the Base Trip Rate, Base Mileage Rate, Amount, or Net Amount, because these rates and amounts would not be used in the calculation process for the invoice.

Child Name

The child's name for this transportation authorization period is displayed.

Status

One of the following status values of the invoice is displayed in this field.

Approved
Closed
Complete
Error in Vision
Incomplete
Manual Review
Not Approved
Paid
Posted
Processed
Resubmission
Void

Invoice - Transportation Child (Fixed Rate Contract)

At the bottom of the page, the following information is presented for fixed rate transportation invoices.

Base Trip Rate
Unit Cost
Amount
Net Amount
Status

This information indicates how the calculations were made to generate the Fixed Rate Transportation Invoice.

Summary of Transportation Child Items (Unit Cost Contract)

The details for the Summary of Transportation Child Items generated for a unit cost transportation contract are shown in the following screen shot.

Invoice #297 Details

Service Period: 07/25/2004 - 08/07/2004
Invoice Created: 07/30/2004
Invoice Created By: Minn, Ad
Roster Received:
Invoice Type: Transportation
Invoice Status: Submitted
Date Paid:
Invoice Amount: \$40.70
Net Amount: \$0.00
Last Calculation Run: 07/30/2004, 07:44:01 AM
Last Update: 07/30/2004, 07:44:01 AM

Summary of Transportation Child Items

Displaying 1-1 of 1 Items

Child Name	Base Trip Rate	Base Mileage Rate	Amount	Net Amount	Status
Davis, Georgia	\$20.0/Trip	\$0.35/Mile	\$40.70	\$40.70	Submitted

For transportation, the summary contains the following information:

Child Name

The child's name for this transportation authorization period is displayed.

Base Trip Rate

The base rate designated on the provider's contract for each trip appears in this field.

Base Mileage Rate

The base mileage rate designated on the provider's contract appears in this field.

Amount

The total amount of the invoice calculated is displayed.

Net Amount

The net amount appears in this field. This value would reflect adjustments that have been applied for this pay period.

Status

One of the following status values of the invoice is displayed in this field.

Approved
Closed
Complete
Error in Vision
Incomplete
Manual Review
Not Approved
Paid
Posted
Processed
Resubmission
Void

View Certificate

You may view the certificate for the enrolled child by clicking on the active link under the **Certificate ID**, in the **Summary of Attendance Child Items** table. As a result, a copy of the certificate is accessed for review.

View Child Attendance Detail

You may view the attendance recorded for a particular child in the **Summary of Attendance Child Items** table by clicking on the active link **Details** at the end of the row. As a result, the **Child Attendance Details - Service Period** page (AT0005) is presented.

Attendance - Service Period 08/08/2004 - 08/21/2004																	
Select	Child Name	Elig Exp	Cert #	Auth Hrs	Week of 08/15-08/21							Week of					
					S	M	T	W	T	F	S	S	M	T	W	T	F S
No	King, Robert ID: 1519	06/10/2005 Notes:	513	Variable	0	0	5	5	5	0	0						
Return to Invoice Details																	
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The information displayed shows each daily entry in the **Attendance Hours** column and whether the entry was **Approved** or not. If the attendance approval entry had been overwritten, the **Override Reason** would be displayed for each daily record in which this applied.

Viewing Invoice Payments

Once the invoice has been submitted for approval and approved, a payment is posted to the account. This may be viewed by locating the invoice details as described in "View Invoices" on page 104. Once the invoice has been located, click on the **Invoice Number** to access the details.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	--	---------------------------	-------------------------

Attendance/Invoicing

Submit Invoice
To submit an original or adjustment invoice, select the service period below and click "Go!"
Submit Invoice:

View Invoices
Enter the information for the invoice(s) you wish to find below.
Invoice No.:
Invoice Type:
Invoice Status:
Service Period From:
Service Period To:

Displaying last 5 invoices: Page: 1 of 2 [\[next>\]](#)

Invoice No.	Service Period	Date Created	Type	Amount	Status	Date Paid
840	11/21/2004 - 12/04/2004	12/01/2004	Attendance-Adj	(\$16.00)	Approved	
839	11/07/2004 - 11/20/2004	12/01/2004	Attendance-Adj	(\$16.00)	Approved	
838	10/24/2004 - 11/06/2004	12/01/2004	Attendance-Adj	(\$16.00)	Approved	
837	10/10/2004 - 10/23/2004	12/01/2004	Attendance-Adj	(\$16.00)	Approved	
820	11/21/2004 - 12/04/2004	11/30/2004	Attendance	\$396.00	Paid	12/01/2004

Page: 1 of 2 [\[next>\]](#)

Go To Page:

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As a result, the **Invoice Details** page is displayed.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	--	---------------------------	-------------------------

View Details - Invoice No.820

Service Period: 11/21/2004 - 12/04/2004
Invoice Created: 11/30/2004
Invoice Created By: Minh, Ad
Roster Received: 12/01/2004
Invoice Type: Attendance
Invoice Status: Paid
Date Paid: 12/01/2004
Invoice Amount: \$396.00
Deductions: \$0.00
Net Amount: \$396.00

Summary of Child Attendance Items [\[View Attendance\]](#)

Displaying 1-4 of 4 Items

Child Name	Cert. No.	Service Period	Status	Amount	Copay	Adj	Net Amount
Chase, Billy	1510	11/21/2004 - 12/04/2004	Paid	\$104.00	\$1.00	\$0.00	\$104.00
Chase, Billy	1510	11/21/2004 - 12/04/2004	Paid	\$104.00	\$1.00	\$0.00	\$104.00
Chase, Jennifer	1509	11/21/2004 - 12/04/2004	Paid	\$94.00	\$1.00	\$0.00	\$94.00
Chase, Jennifer	1509	11/21/2004 - 12/04/2004	Paid	\$94.00	\$1.00	\$0.00	\$94.00

Disbursement Information

Displaying 1-1 of 1 Items

Payment No	Issue Date	Status	Amount
4	12/01/2004	Issued	\$396.00

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The section at the bottom of the page shows the **Disbursement Information**. Click on the **Payment Number** to access the **Payment Details** page (AR0038).

Payment Details

Issue Date: 12/01/2004
Type: Check
Check No.: 4
Payee Name: Gina Brooks
Status: Issued
Total Payment Amount: \$396.00

Invoices Paid

Below are the invoices paid with this check. Click on an invoice number below to view details on the invoice.

Invoice No.	Service Period	Date Created	Type	Payment Amount
820	11/21/2004 To 12/04/2004	11/30/2004	Attendance	\$396.00
Total Invoices:				\$396.00

Adjustments to Invoices

To perform this function, access the Attendance and Invoicing menu option. Locate the Invoice from the drop-down list in the **Submit Invoice** section. The Invoice period must have the word **Adjust** after the date range. Once selected, click on the **Go** button next to the **Submit Invoice** field. As a result, the **Submit Adjustment Invoice** page (AT0020) is accessed.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	-----------------------------------	---------------------------	-------------------------

Submit Adjustment Invoice: Service Period 10/24/2004 to 11/06/2004

Below are the invoices that have been submitted for this service period. To create an adjustment invoice, click "Submit Adjustment" below.

Sort by:

Displaying 1-1 of 1 Items

Invoice No.	Service Period	Date Created	Type	Amount	Status	Date Paid
900	10/24/2004 - 11/06/2004	12/10/2004	Attendance	\$2,000.00	Processed	

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Click on the **Submit Adjustment** button. This accesses the Details page (AT0018) for the invoice.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	-----------------------------------	---------------------------	-------------------------

Submit Adjustment Invoice: Service Period 10/24/2004 to 11/06/2004
 Select below the children/certificates for which you wish to make an attendance adjustment.

Displaying 1-1 of 1 Items

Select	Child Name	Cert. No.	DOB
<input type="checkbox"/>	Durkee, Susan	1609	06/11/2001

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On this page, select the rows that you want to adjust by clicking in the box in the **Select** column for the corresponding row(s). Once the rows are all selected, click on the **Continue** button. This accesses a page on which you may perform attendance corrections.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	--	---------------------------	-------------------------

Submit Adjustment Invoice: Service Period 10/24/2004 to 11/06/2004

Displaying 1-2 of 2 Items

Child Name	Parent	Elig Exp	Cert #	Auth Hrs	Week	S	M	T	W	T	F	S
Durkee, Susan ID: 21401	Durkee, Dana	10/14/2005	1609	Variable	10/24-10/30:	0	8	8	8	8	8	0
					10/31-11/06:	0	8	8	8	8	8	0

Notes:

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Change any entries as appropriate and click on the **Submit Attendance** button. This accesses the Submission page on which you will check the statement at the bottom of the page and then click on Submit Attendance.

This action displays the confirmation page with the Invoice Number for this transaction.

Resources

Overview for Resources

The resources featured in this functionality are designed to improve the quality of child care and to support families. To access this page, select **Resources** on the sub-nav bar at the top of the page. As a result, the **Resources** page as shown below is displayed. Each item listed is a separate function that is described in the following sections of this section.

Account Summary

Provider Demographics

Payment & Financial Info

Attendance & Invoicing

Resources

Contact

Resources

Listed below are resources designed to improve the quality of child care and to support families.

- Accreditations**
Nationally accredited child care programs have gone through a rigorous process of assessment and review by national accrediting programs including NAEYC, NCCA or NSACA. The Child Development Division pays the fees related to the accreditation process, a bonus for obtaining the accreditation and a higher child care subsidy reimbursement rate. *Families who choose accredited child care programs may be eligible for special tax benefits.*
- Course Calendar**
Classes approved by the Vermont Career Development Center are all listed on the Course Calendar. All child care providers are required to participate in learning experiences that relate to their work. Classes, including some college courses, are often low cost or free. *Many learning opportunities are also open to parents and other adult caregivers.*
- Course Search**
Search and view details on state approved training courses.
- Credentials and Certificates**
Individual child care providers are encouraged to obtain national and industry recognized professional credentials. The CDA and CCP credentials and the Certificate of Completion from the Child Care Apprenticeship Program all are nationally recognized and include direct observations of competency. *Families and children both benefit from the increased education and the competency of providers who have made this clear professional commitment to their work.*
- Download Forms and Literature**
Links to the different Bureau of Child Development forms and literature available for printing and download.
- Grants**
A variety of grants to improve the quality of Registered Family Child Care Homes and Licensed Centers are available. *Families can encourage and support their child care provider in applying for grants. Grants provide resources to purchase equipment and contribute to the education of the child care provider.*
- The Child Care Consumer Concern Line**
1-800-540-7942 is available to the public and provides information about child care regulations and regulatory histories of individual child care programs. *Child Care Subsidy regulations determine how the Child Development Division and community agencies manage the subsidy program. The child care subsidy program provides financial assistance to help families pay for child care. Generally, eligibility is determined by the family's income and need for child care.*

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Accreditations

Nationally accredited child care programs have gone through a rigorous process of assessment and review by national accrediting programs including NAEYC, NCCA or NSACA. The Child Development Division pays the fees related to the accreditation process, a bonus for obtaining the accreditation and a higher child care subsidy reimbursement rate. Families who choose accredited child care programs may be eligible for special tax benefits. To access this function, click on the active link named **Accreditations**. As a result, the following page is displayed.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	--	---------------------------	-------------------------

Nationally Recognized Accreditations for Child Care Programs

Vermont recognizes the following Accreditations sponsored by national professional organizations for early care and education field and school age care services.

The programs share these common features:

- A set recognizable standards defining good quality criteria that must be met.
- A self-assessment process managed by the individual provider or program.
- Standards that pertain to a specific setting or program environment.
- Documentation of professional development, education and/or credentials of the individual or staff at each program setting.
- An application process that takes place after all aspects of the self-study and preparation is completed.
- One or more observations completed by other qualified professionals during the self-assessment process and as part of the final approval system.
- Review by a team or board with the authority to grant final approval for the particular accreditation or certification.

For Vermont Licensed Child Care Centers

- **National Association for the Education of Young Children (NAEYC)**
Telephone: 1-800-424-2460 or 202-328-2601
www.naeyc.org
- **National Early Childhood Program Accreditation (NECPA) - NCCA affiliate**
Telephone: 1-800-505-9878
www.nccanet.org
- **National School Age Care Alliance (NSACA)**
Telephone: 1-800-617-8242
www.nsaca.org

For Vermont Registered Family Child Care Providers

- **National Association for Family Child Care (NAFCC)**
Telephone: 1-800-359-3817
www.nafcc.org

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This page contains a series of links to organizations who have been designated as support programs for child care services in Vermont. As you select a link, the system accesses the chosen website directly. Any information presented on that website is independent of the Bright Futures System. As you perform the link action, a **Warning** page is displayed as shown below.

You are now leaving the Vermont Child Development Division web site

You are about to access

<http://www.naeyc.org>

The Vermont Child Development Division site takes no responsibility for, and exercises no control over, the organizations, views, or accuracy of the information contained on this server.

Click on the link above if you are not automatically forwarded to the site after a few seconds. (lynx users press "Enter")

Thank you for visiting our site.

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Course Calendar

Classes approved by the Vermont Career Development Center are all listed on the Course Calendar. All child care providers are required to participate in learning experiences that relate to their work. Classes, including some college courses, are often low cost or free. Many learning opportunities are also open to parents and other adult caregivers. To access this function, click on the active link named **Course Calendar**. As a result, the following page is displayed.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
------------------------	------------------------------	-------------------------------------	-----------------------------------	------------------	----------------

Search Course Calendar
Enter one or more parameters for the course(s) you are looking for.

Course ID:

Course Title: Search Type:

Sponsor: Search Type:

Areas of Knowledge:

Hour Type:

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The object allows a user to search the body of coursework to locate a particular course and display its details. Users will be able to find courses by subject area or title (text search), in addition to other search criteria. Use as many fields as known in order to limit the search results. The following search fields are available.

Course ID

If you know the Course ID Number, enter it here. This entry would give you the most direct connection to the entered course.

Course Title

Enter the complete title or any part of the title of the course in this field.

Sponsor


Enter the sponsor's last name in this field. If the sponsor is an organization, enter the name in this field.

Areas of Knowledge

Select the value for this field by using the down arrow () next to the field. The following are the standard areas:


- Child Development
- Professional Development
- Personal Development
- Curriculum Development

Hour Type

Select the value for this field by using the down arrow () next to the field.

- Clock Hours
- Credit Hours

Search Type

Select one of the following from the drop-down list using the down arrow next to the each of the name fields () to restrict the search parameters:

- Exact Match
- Starts With
- Sounds Like
- Contains

Once the information in as many appropriate search criteria fields as deemed beneficial, click on the **Search** button.

Search Results

Upon completion of the system search, the results are displayed in the **Course Search Results** table (page QU0026) with the following information:

Course Title
Course ID
Session Date
Start Time
Sponsor

Search Course Calendar
Enter one or more parameters for the course(s) you are looking for.

Course ID:

Course Title:

Sponsor:

Areas of Knowledge:

Hour Type:

Search Type:

Search Type:

Search

Search Results

Sort by:

Displaying 1-2 of 2 Items

Course Title	Course ID	Session Date	Start Time	Sponsor	
Child Development		09/30/2004	10:00 AM	Burlington College	[Details]
Continuing Education 101	CONED101	09/27/2004	09:00 AM	Poppins, Mary	[Details]

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Course Calendar - Sort By

The Course List may be sorted through the **Sort By** field on the top right corner of the table using the following options:

Course Title
Course ID
Session Date
Start Time
Sponsor

Once a sort option has been selected, click on the **Go** button to the right of this field. The **Course Search Results** table will be updated with the sorted values in place.

Course Session Details

Once you have located an existing course using the **Course Search** function, you may view the details for the course by clicking on the **Details** link at the end of the row. This action accesses the **Course Session Details** page for the course selected.

Course Session Details

Sponsor: Burlington College
Course Title: Child Development
Course ID:
Hours: 4
Hour Type: Class Hours
Status: **Active**
Description:
Articulation:

Professional Development Areas

- Child Development

Session Information

Session Completion Date: 09/30/2004
(mm/dd/yyyy)
Start Time: 10:00 AM
Contact Name: Linda Grayson
Contact Phone: (802)444-7777
Cost: \$100.00
Scholarship: Yes
Funding: Funding
Notes:

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This page is divided into the following sections:

Session Details

Professional Development Areas

Session Information

Course Session Information

For each session the following information is presented.

Sponsor

The name of the person or organization who is sponsoring the course is displayed in this field.

Course Title

The name of course is displayed as the title.

Course ID

The identification number assigned by the system is contained in the Course ID field.

Hour Type

One of the following hour types will be displayed in this field:

Clock Hours

Credit Hours

Course Status

One of the following status values will be displayed in this field:

Active
Inactive

Description

A description of the course is displayed in this field.

Articulation

This field contains additional information about the course.

Professional Development Areas (Course)

A listing of the Professional Development Areas that have been assigned to the course is shown in this section.

Session Information

The following information describes the session offering:

Session Completion Date

The date on which the session is being held is displayed in this field.

Start Time

The time of the course offering is the Start Time.

Contact Name

The name of the contact person associated with the course is displayed in this field.

Contact Phone

The telephone number of the contact above is shown in this field.

Cost

The cost associated with the course is displayed in this field.

Scholarship

If there is a scholarship offering, the field will display a **Yes** value.

Funding

Identification of funding that may be used to pay for this course is displayed in this field.

Notes

Any notes that have entered as a description or special instructions for the course are displayed in this field.

Course Search

For information on this function, see “Search Courses” on page 25.

Credentials and Certificates

Individual child care providers are encouraged to obtain national and industry recognized professional credentials. The CDA and CCP credentials and the Certificate of Completion from the Child Care Apprenticeship Program all are nationally recognized and include direct observations of competency. Families and children both benefit from the increased education and the competency of providers who have made this clear professional commitment to their work. To access this function, click on the active link named **Credentials and Certificates**. As a result, the following page is displayed.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
---------------------------------	---------------------------------------	--	--	---------------------------	-------------------------

Nationally Recognized Provider Credentials

Vermont recognizes several credential programs for individual child care providers, including those individuals who operate family child care businesses in their home or those who work as staffs in licensed child care settings.

The programs share these common features:

- A set recognizable standards defining good quality criteria that must be met.
- A self-assessment process managed by the individual provider or program.
- Standards that pertain to a specific setting or program environment.
- Documentation of professional development, education and/or credentials of the individual or staff at each program setting.
- An application process that takes place after all aspects of the self-study and preparation is completed.
- One or more observations completed by other qualified professionals during the self-assessment process and as part of the final approval system.
- Review by a team or board with the authority to grant final approval for the particular accreditation or certification.

Credentials Recognized by Vermont

For Individuals Working in Vermont Licensed Centers:

- **Child Development Associate (CDA)**
The CDA is available for family home child care providers, or infant/toddler and preschool staff working in licensed early childhood programs.
Telephone 1-800-224-8103
www.cdacouncil.org
- **Certified Childcare Professional (CCP)** - NCCA affiliate
The CCP is available for staff working in Vermont for a licensed early childhood program.
Telephone: 1-800-543-7161
www.nccanet.org
- **National Registered Apprenticeship Certificate**
www.workforcedev.org

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Vermont recognizes several credential programs for individual child care providers, including those individuals who operate family child care businesses in their home or those who work as staffs in licensed child care settings. As you select a link, the system accesses the chosen website directly. Any information presented on that website is independent of the Bright Futures System. As you perform the link action, a **Warning** page is displayed as shown below.

You are now leaving the Vermont Child Development Division web site

You are about to access

<http://www.cdacouncil.org>

The Vermont Child Development Division site takes no responsibility for, and exercises no control over, the organizations, views, or accuracy of the information contained on this server.

Click on the link above if you are not automatically forwarded to the site after a few seconds. (lynx users press "Enter")

Thank you for visiting our site.

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Download Forms and Literature

This function contains links to the different Bureau of Child Development forms and literature available for printing and download. To access this function, click on the active link named **Download Forms and Literature**. As a result, the following page is displayed.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
-----------------	-----------------------	--------------------------	------------------------	-----------	---------

Forms & Literature

The listed documents below are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Click on this link to [download the Adobe® Reader®](#).

Forms Sort by:

Displaying 1-1 of 1 Items

Form Name	Form Type	Size
C-1 NAEYC Fee Grant Application	Provider	10kb

Information and Literature Sort by:

Displaying 1-1 of 1 Items

Form Name	Form Type	Size
C-6 Instructions	Provider	13kb

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The listed documents below are available for download. All files are in Adobe PDF format, and will require the Adobe Reader to view. Instructions to download the Adobe software appear on this page.

As you click on an active link of a form, the Adobe Reader is activated and the document is accessed. You may use the menu items within Adobe to scroll through the pages and print if you wish.

Grants

For information on this function, see “Available Grants” on page 23.

The Child Care Consumer Concern Line

The toll-free number of 1-800-540-7942 is available to the public and provides information about child care regulations and regulatory histories of individual child care programs. Child Care Subsidy regulations determine how the Child Development Division and community agencies manage the subsidy program. The child care subsidy program provides financial assistance to help families pay for child care. Generally, eligibility is determined by the family's income and need for child care. Use the telephone number to make this contact.

Contact

Contact Functions Overview

The functions contained in this option allow you to view particulars about information that you have entered into the system using your logon. In addition, contact information for Vermont Child Development Division and other community partners is displayed.

To access this page, select **Contacts** on the sub-nav bar at the top of the page. As a result, the **Contacting Vermont's Child Development Division** page as shown below is displayed. Each item listed is a separate function that is described in the following sections of this Chapter.

Contacting Vermont's Child Development Division

- [Complaint - File a New Complaint](#)
Use our on-line form to easily submit a complaint.
- [Complaint - View Status of a Complaint](#)
Check the status or outcome of a complaint you previously submitted electronically.
- [Contact Information](#)
Telephone numbers, addresses, and other contact information for the Child Development Division and its community partners.
- [Service Request Status](#)
Check the status of a service request that you previously submitted electronically.

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Complaint – File a New Complaint

This function accesses an on-line form to easily submit a complaint. To access this function, click on the active link named **Complaint – File a New Complaint**.

Account Summary	Provider Demographics	Payment & Financial Info	Attendance & Invoicing	Resources	Contact
-----------------	-----------------------	--------------------------	------------------------	-----------	---------

File a New Complaint

Fill in the name of the person or provider that the complaint is against (the subject of the complaint):

* **Indicates Required Info**

* Last Name or Provider Name:

First Name:

Fill in the contact and other information that you have for the complaint subject:

Contact Phone:

Home/Location Address:

Address Line 2:

City:

Town:

State:

Zip Code:

E-mail:

Complaint Description

Describe the complaint in the box below. Please enter as much information as you can, including people involved (other than the actual subject of the complaint entered above), what happened, when the situation(s) occurred that you are complaining about, and where the situation(s) occurred.

* **Complaint Description:**

[Continue >](#)

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As a result, the **File a New Complaint** page is presented for entry. Complete the information in the following fields:

Subject of the Complaint

Last Name or Provider Name*

Enter the subject's last name in this field. If the provider is an organization, enter the provider name in the Last Name field.

First Name

Enter the subject's first name in this field.

Complaint Subject Contact Information

This information is entered for the complaint subject.

Phone

Enter the telephone number for contact in this field using the format ###-###-####.

Postal Address

Enter the first line of the postal address in this field.


Postal Address Line 2

Enter the second line of the postal address in this field.


City

Type the name of the city in this field.

Town

Select the name of the town by using the down arrow () next to the field.

State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code

Enter the zip code in this field using the format #####-####.

E-mail Address

Enter the complete e-mail address for the contact.

Complaint Information


Complaint Description*

Describe the complaint in the text box provided. Enter as much information as you can, including people involved (other than the actual subject of the complaint entered above), what happened, when the situation(s) occurred that you are complaining about, and where the situation(s) occurred.

Complaint Received Date*

Enter the date on which the complaint was received using the format MM/DD/YYYY. The date is defaulted to the current date.

Method of Complaint*

Select the value for this field by using the down arrow () next to the field.

Concern Line

E-mail

Fax

Letter

Public Portal

Telephone

Once you have entered the information in the above fields, click on the **Continue** button.

File a New Complaint

Your Information

Please enter your name and contact information below. If you are submitting the complaint on behalf of another person, enter the name of the person or organization you are submitting the complaint on behalf of where it asks for your information. Leave blank if filing an anonymous complaint. (If filed anonymously, we will be unable to contact you during the investigation of your complaint or once an outcome has been determined.)

Your Last Name or Organization Name:

Your First Name:

Your Relation to the Complaint Subject:

Please enter your contact information below:

Contact Phone:

Home/Location Address:

Address Line 2:

City:

Town:

State:

Zip Code:

E-mail:

Submit

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The next page accessed allows you to record the contact information.

Complainant Information


Your Last Name or Organization Name*

Enter the complainant's last name in this field. If the complainant is an organization, enter the name of the organization in the Last Name field.

Your First Name

Enter the complainant's first name in this field.

Your Relation to the Complaint Subject

Select the value for this field by using the down arrow () next to the field.

Anonymous

Community Agency

Employee of Provider

Food Program

Municipal Offices

Neighbor of Provider

Other

Parent of Child in Provider's Care

Police Department

Provider

Relative of Child in Provider's Care

Social Services

Special Investigation Unit

Staff of Provider

Contact Phone

Enter the telephone number for contact in this field using the format ###-###-####.

Home/Location Address

Enter the first line of the address in this field.


Address Line 2

Enter the second line of the address in this field.


City

Type the name of the city in this field.

Town

Select the name of the town by using the down arrow () next to the field.

State

The State has been defaulted to Vermont; however if another selection is needed, select the name of the state by using the down arrow () next to the field.

Zip Code

Enter the zip code in this field using the format #####-####.

E-mail Address

Enter the complete e-mail address for contact purposes.

Once you have entered the information in the above fields, click on the **Submit** button. As a result, the next page accessed is the **Complaint Submitted Confirmation** page that confirms that the complaint has been submitted.

Complaint Submitted Confirmation

Your complaint has been submitted and will be reviewed by one of our complaint specialists. If you have provided your contact information and not chosen to file your complaint anonymously, you may be contacted during the investigation and once an outcome has been determined. You may check on the status of your complaint at any time by accessing the [View Complaint Status page](#).

Please make a note of your assigned complaint number below, as it will be required in order for you to view the status of your complaint.

Assigned Complaint No.: 445

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A **Complaint Number** is assigned to the submitted complaint for future tracking.

Complaint - View Status of a Complaint

This function allows you to check the status or outcome of a complaint you previously submitted electronically. To access this function, click on the active link named **Complaint - View Status of a Complaint**. As a result, the **View Complaint Status** page is displayed.

View Complaint Status

Please enter below the complaint confirmation number you received to view the status of your complaint:

* **Indicates Required Info**
* Complaint No.:

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Enter the number for the complaint that was shown to you on the **Complaint Submitted Confirmation** page. Then click on the **Submit** button. As a result, the following **View Complaint Status** page is displayed with the status of the complaint.

View Complaint Status

View Complaint Status

If you want further information regarding the resolution of this concern, please call the Child Care Consumer Information Line at 1-800-540-7942, or email CCCCL@srs.state.vt.us.

Complaint No.: 445
Status: Recorded

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Contact Information

This function accesses telephone numbers, addresses, and other contact information for the Child Development Division and its community partners. To access this function, click on the active link named **Contact Information**. As a result, the **Contact Information** page is displayed.

Contact Information

For an application, or for further information, contact your local Community Child Care Subsidy Specialist.

Offices

ADDISON

Mary Johnson Children's Center
Telephone: (802) 388-4304

BENNINGTON

Bennington County Child Care Association
Telephone: (802) 447-6937 or (802) 447-6935

CALEDONIA/S. ESSEX

Umbrella
Telephone: (802) 748-1992

CHITTENDEN

Child Care Resource
Telephone: (802) 863-3367
Toll-Free: (800) 339-3367

FRANKLIN/GRAND ISLE

The Family Center
Telephone: (802) 524-6574
Toll-Free: (800) 427-6574

LAMOILLE

Lamoille Family Center
Telephone: (802) 888-5229

ORANGE/N. WINDSOR

Family Place
Telephone: (802) 649-3268
Toll-Free: (800) 639-0039

ORLEANS/N. ESSEX

North East Kingdom Community Action
Telephone: (802) 334-4072 or (802) 334-4079

RUTLAND

Vermont Achievement Center
Telephone: (802) 773-4365
Toll-Free: (800) 775-2390

SO. WINDSOR

Springfield Area Parent Child Center
Telephone: (802) 886-5242

WASHINGTON

The Family Center of Washington County
Telephone: (802) 828-8869 or (802) 828-8774

WINDHAM

Windham Child Care Association
Telephone: (802) 257-2887

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Service Request Status

This function allows you to check the status of a service request that you previously submitted electronically. To access this function, click on the active link named **Service Request Status**. As a result, the following page is displayed.

Check Service Request Status

Please enter below the request number you received to view the status of your service request:

* **Indicates Required Info**

* Request ID:

Submit

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Enter the Request ID number in the field and click the **Submit** button. As a result, the subsequent page is displayed with the status of the request.

Service Request Status	
Request ID:	479
Status:	Submitted
Status Reason:	
Status Notes:	

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For more information about service requests, see “Service Requests” on page 91.

Secured Child Care Worker Functions

Child Care Worker Functions Overview

Some areas of the website require that you have a logon to access confidential information about your account. If you have a quality or credentialing account with the Child Development Division, you can access your account information online to track and maintain your training records and apply for professional development grants online.

Logging into the System as a Child Care Worker

Once the application is brought up in the browser, the **System Login** page (SC0001) is displayed.



 **Bright Futures**
Child Care Information System

• Authorization to this page is required. Please login for access.

System Login

Username:

Password:

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On this page, enter the following:

Username

Enter your username in this field; being sure to use upper and lower case as appropriate.

Password

Enter your password by again using the appropriate case as you type.

Once the **Username** and **Password** is entered, click on the **Login** button to complete the access to the system.

First Time Logon (Child Care Worker)

Upon accessing the system for the first time, you will be required to change your password from the one assigned by the CCSD staff. The following **Change Password** page (SC0003) is presented for this purpose.

Change Password

Your password has expired , Please Change your password.

• Indicates Required Info

User ID:

916

User Login:

leslie

• Password:

• New Password:

• Confirm New Password:

Change Password

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Page ID: SC0003 / Version: QA2.7

On this page, enter the following:

Password

Enter the originally assigned password again by using the appropriate case as you type.

New Password

Enter your new password by using the appropriate case as you type.

Password

Enter the new password again as a confirmation by using the appropriate case as you type.

Once the **Password** has been entered in the fields, click on the **Change Password** button to complete the access to the system.

Child Care User Access

When a login is created, the appropriate functionality is attached to it so that a user is able to access all functions that have been predefined for him/her. The permissions granted are determined by the role of the user.

Example of Child Care Worker:

My Profile	Resume	Subsidy Case Info	Find a Provider	Become a Provider	Resources	Contact
Name: Parker, Donna Gender: Female Race: White Citizenship: SSN: 999-66-3333	Date of Birth: 08/10/1970 Marital Status: Single Ethnicity: Non Hispanic Primary Language: English					
Addresses						
Type	Street	City	State	Town	Zip Code	
Home/Location Address	700 Oak St		Vermont	Addison	05444	
Mailing Address	700 Oak Street		Vermont	Addison	05444	[Update]
Contact Phones						
Type	Date	Comments				
Alternate Contact Phone						[Update]
Contact Phone	(802)444					[Update]
Fax						[Update]
Electronic Contact Information						
Type						
E-mail						[Update]
Web Site Address						[Update]
Profile Options						
Request Update of SSN			Service Requests			

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Both menu items are available: 'Resume' and 'Subsidy Case Information'.

Since a Child Care Worker may also be a Subsidy Parent, both menu items are available.

Child Care Worker Functions

Several functions can be accessed through this area.

Credentials Portal

This functionality allows the capture of the details about formal credentials received by a provider or CCSD staff. Obtaining a credential may result in the payment of a one-time quality bonus.

Education Portal

This functionality allows the capture and maintenance of information about the educational background of a provider or CCSD staff. Like credentials, obtaining a degree may result in the payment of a one-time quality bonus.

Higher Education Portal

This functionality allows the capture of information about an individual's completion of college-level coursework outside of a formal degree program.

Professional Development Portal

This function is also used to track annual requirements for professional development of provider staff licensed or registered by the CCSD. This function is the external version of the Professional Development function in the Quality and Credentials component.

Professional Development Plan Portal

This functionality allows an individual to record and track on-line his/her completion of professional development training to satisfy annual licensing requirements. It is expected that most plans will be entered by the individual from an external portal. It is the external version of the IPDP in the Quality and Credentials Component.

Program Participation

This functionality allows the capture of information about an individual's participation in a program leading to a degree or credential.

Work Experience Portal

This functionality allows the capture and maintenance of information about an individual's child care or child care related work experience.

My Profile

Overview of the My Profile Function

Upon logging into the system, the first page accessed is the profile page.

My Profile	Resume	Subsidy Case Info	Find a Provider	Become a Provider	Resources	Contact
-------------------	------------------------	-----------------------------------	---------------------------------	-----------------------------------	---------------------------	-------------------------

Name:	Parker, Donna	Date of Birth:	08/10/1970
Gender:	Female	Marital Status:	Single
Race:	White	Ethnicity:	Non Hispanic
Citizenship:		Primary Language:	English
SSN:	999-66-3333		

Addresses					
Type	Street Address	City	State	Town	Zip Code
Home/Location Address	700 Oak Street		Vermont	Addison	05444
Mailing Address	700 Oak Street		Vermont	Addison	05444 [Update]

Contact Phones		
Type	Data	Comments
Alternate Contact Phone		[Update]
Contact Phone	(802)444-7777	[Update]
Fax		[Update]

Electronic Contact Information		
Type	Data	Comments
E-mail		[Update]
Web Site Address		[Update]

Profile Options	
Grant Applications	Service Requests
Request Update of SSN	

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This page contains the information about demographics and contact information that has been entered in the system.

Updating Contact Information

This information may be changed as necessary. For complete information about making updates, see “Provider Demographics” on page 96.

Grant Applications

This function allows you to view the information for a submitted grant or to create a new grant online. This option will only be available after you have previously submitted an application in hard copy to the Child Development Division.

Click on the menu option to access the **Grant Applications** page (QU0116). This action results in the display of the **Grant Applications** page (GR0008) which displays all grants that have been submitted for an organization.

My Profile	Resume	Subsidy Case Info	Find a Provider	Become a Provider	Resources	Contact
----------------------------	------------------------	-----------------------------------	---------------------------------	-----------------------------------	---------------------------	-------------------------

Grant Applications

Sort by:

Displaying 1-1 of 1 Items

App. ID	Type	Category	Status	Application Date	Received Date	
13933	Professional Development	College Individual Tuition	Received	11/18/2004	11/01/2004	[Details]

Online Grant Application

To apply for a grant online, choose the type of grant you wish to apply for, and click "Apply Now." Please note that grant applications will not be considered until all required documentation is received.

* Grant Type:

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The information for each grant is displayed in the table at the top of the page.

Application Identification Number
Type
Category
Status
Application Date
Received Date

Viewing Grant Details

You may view the details for a particular grant by clicking on the **Details** link at the end of the row. This action accesses the **Grant Application Summary** page for the grant selected.

My Profile	Resume	Subsidy Case Info	Find a Provider	Become a Provider	Resources	Contact
-------------------	------------------------	-----------------------------------	---------------------------------	-----------------------------------	---------------------------	-------------------------

Grant Application No. 13933

Grant Type:	Professional Development
Grant Category:	College Individual Tuition
Total Funds Requested:	\$400.00
Status:	Received
Application Date:	11/18/2004
Date Received:	11/01/2004
Grant Purpose:	purpose
Grant Budget:	budget
Agreement ID:	

Facility Enrollment and Funds Requested by Age Category		
Age Category	Facility Enrollment	Funds Requested
Infant/Toddler		
Preschool		
School Age		

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The details on the **Grant Application Summary** page include the following:

Grant Application ID

The identification number associated with the grant application is displayed in this field.

Grant Type

The type of grant applied for is displayed in this field.

Category

The grant category that appeared on the application is displayed in this field.

Grant Status

The current status of the grant is displayed in this field.

Application Date

The date on which the application was entered is displayed in this field.

Date Received

The date on which the application was received is displayed in this field.

Grant Purpose

The purpose of the grant as it was entered on the application is displayed in this field.

Grant Budget

The grant budget as it was entered on the application is displayed in this field.

Agreement ID

If the grant has been awarded, an Agreement Identification Number is displayed in this field.

Facility Enrollment and Funds Information

This section contains information about the number of children enrolled for each age category; and if the grant requested is targeted to benefit specific age categories, the amount is shown for each of the following age categories:

Infant/Toddler
Preschool
School Age

Applying for a Grant (Child Care Worker)

Access this function in the middle of the **Grant Applications** page (QU0116).

[My Profile](#) [Resume](#) [Subsidy Case Info](#) [Find a Provider](#) [Become a Provider](#) [Resources](#) [Contact](#)

Grant Applications

Sort by: App. ID

Displaying 1 - 1 of 1 Items

App. ID	Type	Category	Status	Application Date	Received Date	
13933	Professional Development	College Individual Tuition	Received	11/18/2004	11/01/2004	[Details]

Online Grant Application

To apply for a grant online, choose the type of grant you wish to apply for, and click "Apply Now." Please note that grant applications will not be considered until all required documentation is received.

* Grant Type:

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Page ID: QU0116 / Version: V1.1 [Privacy Policy](#)

The first step in this process is to select one of the following types for the Grant by using the drop-down arrow next to the **Grant Type** field.

Community Child Care Support Agencies
Facilities
Other
Professional Development
Program Expansion and Enhancement
Quality Improvement Initiatives
Special Needs
Transportation

Once you have completed the fields on this page, click on the **Apply Now** button. This action displays the **Grant Application – Grant Request Information** page (QU0118) on which the application is completed.

My Profile	Resume	Subsidy Case Info	Find a Provider	Become a Provider	Resources	Contact
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Grant Application

Please fill in the grant request information below. Your personal information for this application has been prefilled from your profile; if any of this information needs to be corrected, please submit the changes from the My Profile page.

*** Indicates Required Info**

Grant Type: Professional Development
Applicant Type: Individual
Name: Parker, Donna
Date of Birth: 08/10/1970
SSN: 999-66-3333
EIN:
Mailing Address: 700 Oak Street
Addison, VT 05444
Daytime Phone No.: (802)444-7777

Grant Request Information

*** Grant Category:**
Contact Name:
Contact Phone:
Contact E-mail:
*** Grant Purpose:**
*** Grant Budget:**
Certification: ☐ Yes ☐ No

Facility Enrollment and Funds Requested by Age Category

Please indicate below the number of children enrolled for each age category. If the Grant requested is targeted to benefit specific age categories, list the amount next to the appropriate age category.

Age Category	Facility Enrollment	Funds Requested
Infant/Toddler	<input type="text"/>	<input type="text"/>
Preschool	<input type="text"/>	<input type="text"/>
School Age	<input type="text"/>	<input type="text"/>


Total Funds Requested:

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Completing the Grant Application (CC Worker)

The **Grant Type** that was previously selected is displayed at the top of the page in the **Grant Type** field. Complete the following information as required:

Grant Category

Select the value for this field by using the down arrow () next to the field. These values will be discriminated for the Grant Types; therefore, only the appropriate selections for the particular Grant Type will be available.

Accommodations
Building Bright Futures
Child Care Network Development – Center Based
Child Care Network Development – Family Based
Child Care Network Development – School Age Based
College Individual Tuition
College Purchased Classes
Consultation
Credential Achieved Bonus
Credential Seeking Bonus
Emergency Assistance – Program Stabilization
Facility Structural Enhancements
Infant Toddler Enhancement
Infant Toddler Startup and Expansion
Preschool Enhancement
Preschool Startup & Expansion
Protective Services/Family Support
Quality Recognition Achieved
Quality Recognition Seeking
Referral
Resource Development
School Age Enhancement
School Age Startup & Expansion
Specialized Training
Subsidy Eligibility Determination
Substitute Child Care Projects
Summer Programs
Transportation
Volunteer Reimbursement

Contact Name, Phone Number and E-mail Address

Complete this information for the contact person who should be associated with this grant.

Grant Purpose

This is a narrative explanation of the uses and benefits of the grant requested. Enter the purpose of the grant as it was entered on the application in this field.

Grant Budget

The detail of items to be purchased or the expenditures to be incurred as a result of this Grant Application is captured in this section. Enter the grant budget as it was entered on the application in this field.

Facility Enrollment and Funds

This section contains information about the number of children enrolled for each age category; and if the grant requested is targeted to benefit specific age categories, the amount is captured for each of the following age categories.

Infant/Toddler
Preschool
School Age

Facility Enrollment

Enter the number of children enrolled in each Age Category in this field.

Funds Requested


Enter the amount of funds requested for each Age Category in this field.

Total Funds Requested

Enter the total amount of funds requested for the grant in this field.

Submitting the Grant Application

Once you have completed the information in the above fields, click on the **Submit Grant Application** button in order to finalize the grant application. This action results in the display of the **Grant Application Submitted** page (0008) which displays the Application ID and a link to explain how to view the status of the grant.



Bright Futures
Child Care Services: Client

User: Donna Parker
[LOGOUT](#)

DEVELOPMENT MODE -- Other Portals: [Internal](#) | [Admin](#) | [Provider](#) | Tools: [Refresh](#) | [Info](#) | [Border](#) | [URL](#)

[My Profile](#) | [Resume](#) | [Subsidy Case Info](#) | [Find a Provider](#) | [Become a Provider](#) | [Resources](#) | [Contact](#)

Grant Application Submitted

Your grant application has been submitted to Child Development Division. Please send in any required documentation, as grant applications will not be considered until all information required to process the application is received. You have been assigned an application ID, which you may use to track the status of your application.

Application ID: 13934

You may check the status of your application by viewing the [Grant Applications](#) page under "My Profile."

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Checking Status of a Grant

Click on the menu option to access the **Grant Applications** page (QU0116). This action results in the display of the **Grant Applications** page (GR0008) which displays all grants that have been submitted for a person.

My Profile	Resume	Subsidy Case Info	Find a Provider	Become a Provider	Resources	Contact
----------------------------	------------------------	-----------------------------------	---------------------------------	-----------------------------------	---------------------------	-------------------------

Grant Applications

Sort by:

Displaying 1-2 of 2 Items

App. ID	Type	Category	Status	Application Date	Received Date	
13933	Professional Development	College Individual Tuition	Received	11/18/2004	11/01/2004	[Details]
13934	Professional Development	College Purchased Classes	Received	11/18/2004		[Details]

Online Grant Application

To apply for a grant online, choose the type of grant you wish to apply for, and click "Apply Now." Please note that grant applications will not be considered until all required documentation is received.

* Grant Type:

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The information for each grant is displayed in the table at the top of the page.

Application Identification Number

Type

Category

Status

Application Date

Received Date

Received Date

For a newly entered application, the Received Date appears blank until a Child Development Division worker reviews the application.

Grant Status

One of the following values for this field will be displayed.

Pending

Submitted

Received

Awarded

Denied

Agreement Pending

Request Update of SSN

This functionality provides the capability for users to update a Social Security Number online. To access this function, select **Request Update of SSN** from the **Profile Options** at the bottom of the **Profile** page (CM0102). As a result, the **Request Update of SSN** page (SR0013) is presented.

Request Update of SSN

* Indicates Required Info

SSN on Record:
555-44-6666

* SSN Update:

Cancel

Submit

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The **SSN on Record** appears at the top of the page. Enter the new Social Security Number in the **SSN Update** field. When finished, click on the **Submit** button. As a result, the **Confirmation** page shown below is displayed with the newly entered service request confirmed with an identification number for reference. For more information about this function, see “Service Requests” on page 91.

Request Update of SSN submitted

A service request for an update of your SSN has been submitted to the Child Development Division.

Please note that the SSN is considered a personal identification number, and is subject to verification by your case manager. Please allow several days for the updated SSN to be included in your record.

Below is your request ID for future reference.

Request ID: 508

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Page ID: QU0111 / Version: QA2.8 [Privacy Policy](#)

Service Requests

The function is accessed from the **Profile** page through the **Profile Option** item named **Service Requests**. By clicking on this option, the **Service Requests** page (CO0337) is displayed with the following information:

Service Requests				Sort by: <input type="text" value="Date Submitted"/>	<input type="button" value="Go"/>
Displaying 1-4 of 4 Items					
Date Submitted	Request ID	Request Type	Status		
09/15/2004	479	Add associated party to provider	Submitted	[Details]	
09/14/2004	478	Registered Home Application, Part 2	New	[Details]	
09/20/2004	508	Change Designator	Submitted	[Details]	
09/17/2004	504	Add Experience	Submitted	[Details]	

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Page ID: CO0337 / Version: QA2.8 [Privacy Policy](#)

Date Submitted
Request ID
Request Type
Status

Service Request Details

In order to view details for a particular item, click on the **Details** link at the end of the row containing the item. As a result, the Service Request Details page (CO0339) is presented for viewing with the following information.

Request Type
Request ID
Date Submitted
Assigned Caseworker
Assigned Group
Status
Status Reason
Status Notes

Service Request Details

Request Type:	Change Designator
Request ID:	508
Date Submitted:	09/20/2004
Assigned Caseworker:	Johnson Scott
Assigned Group:	Scott
Status:	Submitted
Status Reason:	
Status Notes:	

Resume

Resume Overview

The resume refers to the group of objects that define the qualifications of an individual. The components of this resume include Work Experience, Education, Credentials Program Participation, Professional Development, and the IPDP. To access this page, select **Resume** on the sub-nav bar at the top of the page. As a result, the **Resume** page as shown below is accessed.



Bright Futures

Child Care Information System: Client

User: Jesse Brooks
[LOGOUT](#)

[My Profile](#)[Resume](#)[Child Care Benefits](#)[Find a Provider](#)[Become a Provider](#)[Resources](#)[Contact](#)

Quality Case ID: 1637

[Summary](#)[Work Experience](#)[Education](#)[Credentials](#)[Program Participation](#)[Professional Development](#)

Resume Summary

Contact Phone: (802)555-7777

Resume Date:

Achievement Level:

Achievement Level Date:

Current Professional Development Plan

[\[View Plan\]](#)

Plan Format:

Plan Date:

Additional Account Options

- [Record Professional Development Plan](#)

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The Resume information on the page is divided into the following sections:

Resume Summary
Current Professional Development Plan
View Plan
Record Professional Development Plan

Resume Summary

This information contains the following:

Contact Phone

The contact telephone number has been captured in this field.

Resume Date Update

The **Resume Date** is updated whenever one of the following component parts is updated:

- Work Experience**
- Education**
- Credentials Program Participation**
- Higher Education Coursework**
- Professional Development**
- Professional Development Plan (IPDP)**

Achievement Level/Achievement Level Date

These fields are updated once a particular item has been added to the resume.

Current Professional Development Plan

This functionality allows an individual to record and track on-line his/her completion of professional development training to satisfy annual licensing requirements. This element identifies one's mentor; and captures the five year goals, the plan format and plan date. It also summarizes the provider's areas and topics of interest for professional growth and development as well as descriptions about the proposed activities to be undertaken. The IPDP is divided into the following three sections:

- Goals**
- Self Assessment**
- Plan Details**

If there is a plan already in place for a staff member, the **Professional Development Plan** is shown as an entry on the **Professional Development** page with the following information:

- Plan**
- Plan Date**

View Plan

In order to view the details for an existing plan, click on the **View Plan** link on the **Current Professional Development Plan** table. As a result, the **Professional Development Plan Details** are displayed.

Update Plan

You may update the plan details by clicking on the **Update Plan** button at the bottom of the **Professional Development Plan Details** page. This results in the display of the **Professional Development Plan** page, on which you may make updates as described in the following section.

Record a New Professional Development Plan

To access this function, click on the Record New Professional Development Plan link under Additional Account Options at the bottom of the Resume Summary page. As a result, the Professional Development Plan: Part 1 of 3 – Goals is

displayed. Each of the sections may be entered independently of the others. As a section has been completed, you may choose to Save & Exit or Continue. If you choose to Save & Exit, the required fields still have to be completed. Complete the information on each page as described in the following instructions. Text fields should be filled in with complete sentences with capitalization and punctuation in place. By doing so, a printed copy of the entries will be presentable for any copies that need to be generated.


Goals (Part 1)

The information on this page pertains to goals, mentoring and general plan format.

Five-Year Goals

Enter a description of the goals that answers the question: “In five years, what would you like to be doing professionally?”

Plan Format

Select the value for this field by using the down arrow () next to the field.

Vermont Early Childhood Framework
Child Development Associate (CDA)
Standards for Vermont Educators
Other

Mentor

This field identifies the mentor or advisor designated by the staff person.

Plan Date

Enter the date on which the plan was created in this field.

Self Assessment (Part 2)

This section contains a series of text boxes that are associated with the following **Core Areas**:

Child Growth and Development
Observing and Recording Behavior
Physical and Intellectual Development
Professionalism
Program Management
Relationships with Families
Safe and Healthy Learning Environments
Social and Emotional Development

For each of the above **Core Areas**, complete each section with a description of the following

Goals
Strategies
Resources Needed


Plan Details (Part 3)

In this part, the information that was entered in **Self Assessment - Part 2**, is displayed again. On this page, complete the following fields.

Timeline

Enter a description of the timeline that is associated with each **Core Area**.

Status

Select the value for this field by using the down arrow () next to the field.

Started

Completed

Once you have completed all plan sections, the **Plan Detail** page allows you to save the plan by clicking on the **Save Plan** button. Once saved at any phase of the process, the plan information appears on the **Resume Summary** page as an entry. The plan can be updated at any time as appropriate.

Work Experience

This functionality allows the capture and maintenance of information about an individual's child care or child care related work experience. To access this page, select **Work Experience** on the sub-nav bar at the top of the page. As a result, the **Work Experience** page as shown below which displays the following information for any existing Work Experiences associated with the staff member.

Employer Name

Position

Start Date

End Date

Credential Case: Brooks, Jesse

Case ID: 1637

Contact Phone: (802)555-7777

Case Manager: Minn, Ad

Personnel Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
-----------------------------------	------------------------	---------------------------	-----------------------------	---------------------------------------	--

Experience

Employer Name	Position	Start Date	End Date
---------------	----------	------------	----------

No experience records have been submitted for this applicant. Use the "Add Work Experience Information" link to add work experience information.

Other Options

- [Add Work Experience Information](#)

View Experience Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Experience Details** are displayed.

Experience Details	
Date Recorded:	09/20/2004
Position:	Substitute
Age Groups:	
Start Date:	08/01/2003
End Date:	09/01/2004
Employer Information	
System ID:	1405
Employer Name:	Amy's Child Care
Home/Location Address:	234 Oak Street Addison, VT 05444
Mailing Address:	
Contact Phone:	

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Add Work Experience Information

To access this function, click on the **Add Work Experience Information** link under **Other Options** at the bottom of the **Work Experience** page. As a result, the **New Work Experience Information** page is displayed.

New Work Experience Information

*** Indicates Required Info**

*** Position:**

If Other, Please Indicate:

Age Groups:

☐ Infant/Toddler

☐ Preschool

☐ School Age

*** Start Date:**
(mm/dd/yyyy)

End Date:
(mm/dd/yyyy)

Employer Information

*** Organization Name or Last Name:**

First Name:

Street Address:

Street Address Line 2:

City:

State:


Zip Code:

Phone Number:

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Complete the information on this page as described below.

Position

Select the value for this field by using the down arrow () next to the field.

Aide
Applicant/Provider
Assistant
Care Provider/Household Member
Cook
Director
Head Teacher
Janitor
Other
Other Care Provider
Substitute
Teacher
Transportation

If Other, Please Indicate

If Other is the selection for the position, enter the position in this text box.

Age Groups

Click on one of the following values:

Infant/Toddler
Preschool
School Age

Start Date

Enter the date on which the Work Experience started in this field.

End Date

Enter the ending date for the Work Experience in this field.

Employer Information

Enter the information for the following about the new employer.

Organization Name or Last Name of Provider

Enter the name of the organization or the last name of the provider in this field.

First Name

Enter the first name of the provider in this field.

Employer's Address

Enter the information about the address for the employer as Street Address, City, State, and Zip Code.

Phone Number

Enter the telephone number for the employer in this field.

Cancel Work Experience Information

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Work Experience** page.

Submit Work Experience Information

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the following **Work Experience Confirmation** page is presented with the newly entered service request confirmed with an identification number for reference. For more information about this function, see "Service Requests" on page 91.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

New Quality Case Experience Information Submitted

A service request for adding New Quality Case Experience Information has been submitted to the Child Development Division. Please send in any required proof or documentation, as information submitted will not be considered in your quality/credential evaluation unless required proof is received.

Please note that new experience information is subject to verification by your case manager and may take several days to be included in your record.

Below is your request ID for future reference.

Request ID: 509

You may check the status of your request at any time by viewing the [Service Request](#) page under "My Profile".

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Page ID: QU0117 / Version: QA2.8 [Privacy Policy](#)

Education

This functionality allows the capture and maintenance of information about the educational background of a provider or CCSD staff. Like credentials, obtaining a degree may result in the payment of a one-time quality bonus. To access this page, select **Education** on the sub-nav bar at the top of the page. As a result, the **Education** page as shown below is accessed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

Education

Sort by:

Displaying 1-1 of 1 Items

Degree	Date Conferred	School	Bonus?	Bonus Date	Verified?
Bachelor	06/01/2000	University of PA			[Details]

Other Options

- [New Education Information](#)

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The Education page displays the following information for any existing Education associated with the staff member.

Degree

Date Conferred

School

Bonus

Bonus Date

Verified?

View Education Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Education Details** are displayed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

Education Details

Degree: Bachelor
 Date Conferred: 06/01/2000
 Concentration: Early Childhood Education
 School: University of PA
 Pennsylvania
 United States

Bonus?
 Bonus Date:
 Form of Verification:

Teacher Certifications

Area of Preparation	Instruction Level	Certification Date
No certifications have been submitted for this education record.		

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New Education Information

To access this function, click on the **New Education Information** link under **Other Options** at the bottom of the **Education** page. As a result, the **New Education Information** page is displayed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

New Education Information

*** Indicates Required Info**

* Degree:

* Date Conferred:

Concentration:

* School Name:

School City:


School State:

Country:

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Complete the following information for the new entry.

Degree


Select the value for this field by using the down arrow () next to the field.

Associate
Bachelor
Certificate
Doctorate
High School or Equivalent
Master
Vocational

Date Conferred

Enter the date on which the degree was conferred in this field.

Concentration

Select the value for this field by using the down arrow () next to the field.

Child Development
Child and Family Studies
Early Childhood Education
Early Childhood Special Education
Elementary Education
Human Development
Human Services
Infant Studies
Infant-Child Mental Health
Other
Psychology
Sociology or Social Sciences
Teacher Education

School Name

Enter the name of the school in this field.

School City

Enter the city in which the school is located in this field.

School State


Enter the state in which the school is located in this field.

Once the information has been entered and reviewed, click on the **Continue** button at the bottom of the page. As a result, the **New Education Information – Teacher Certification** page is presented with the entered information displayed in the top section of the page.

Teacher Certifications


The lower portion of the page contains a table labeled **Teacher Certifications**. To add an entry in this table, click on the **Add Certification** link at the top of this table. As a result, the **New Education Information – Add Teacher Certification Information** page is accessed. Complete the following information on this page:

Area of Preparation

Select the value for this field by using the down arrow () next to the field.

Agriculture
Art
Business & Office Occupations
Computer Science
Distributive & Marketing Education
Driver Education
Early Childhood
English
Family and Consumer Sciences
Foreign/Classical Language: French
Foreign/Classical Language: German
Foreign/Classical Language: Greek
Foreign/Classical Language: Latin
Foreign/Classical Language: Russian
Foreign/Classical Language: Spanish
General Elementary
Health Education
Health Occupations
Mathematics
Middle Grades
Music Education
Occupational Family and Consumer Sciences
Physical Education
Science
Social Studies
Technology Education

Instruction Level

Select the value for this field by using the down arrow () next to the field.

Birth through age 8
Grades 5-8
Grades 7-12
Grades K-12
Grades K-6

Certification Date

Enter the date associated with the entered certification in this field.

Once you have completed the information in the above fields, click on the **Continue** button. This action returns you to the **New Education Information – Teacher Certification** page with the entered information in the appropriate fields in the **Teacher Certification** table.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

New Education Information - Teacher Certification

Enter any teacher certifications you may have associated with this degree below. Please send in proof or documentation of this information, as it will not be considered in your quality/credential evaluation until required proof is received and verified.

Degree: Certificate
Date Conferred: 09/01/2004
Concentration: Infant-Child Mental Health
School: Burlington College
Burlington, Vermont
United States

Teacher Certifications

[\[Add Certification\]](#)

Displaying 1-1 of 1 Items

Area of Preparation	Instruction Level	Certification Date
Health Education	Birth through age 8	09/01/2004

Submit

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Submitting the Education Information

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the **Education** page is presented with the entered information displayed in the table.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

Education

Sort by: Degree

Displaying 1-2 of 2 Items

Degree	Date Conferred	School	Bonus?	Bonus Date	Verified?
Certificate	09/01/2004	Burlington College			[Details]
Bachelor	06/01/2000	University of PA			[Details]

Other Options

- [New Education Information](#)

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Credentials

This functionality allows the capture of the details about formal credentials received by a provider or CCSD staff. Obtaining a credential may result in the payment of a one-time quality bonus. To access this page, select **Credentials** on the sub-nav bar at the top of the page. As a result, the **Credentials** page is accessed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

Credentials Sort by:

Displaying 1-4 of 4 Items

Credential	Date Obtained	Expiration	Bonus?	Bonus Date	Verified?
Apprentice	01/01/2004		Yes		Letter [Details]
Apprentice	07/01/2004				[Details]
Cardio Pulmonary Resuscitation (CPR)	04/10/2004				[Details]
Director Certificate	12/01/2002				[Details]

Other Options

- [Add Credential Information](#)

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The Credentials page displays the following information for any existing Credentials associated with the staff member.

Credentials
Date Obtained
Expiration
Bonus?
Bonus Date
Verified?

View Credential Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Credential Details** are displayed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

Credential Details

Credential: Cardio Pulmonary Resuscitation (CPR)
Date Obtained: 01/01/2004
Expiration:
Bonus?
Bonus Date:
Form of Verification:

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Add Credential Information

To access this function, click on the **Add Credential Information** link under **Other Options** at the bottom of the **Credentials** page. As a result, the **New Credential Information** page is displayed for entry.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

New Credential Information
Enter the details of the credential information below. Please send in proof or documentation of this information, as it will not be considered in your quality/credential evaluation until required proof is received and verified.

* **Indicates Required Info**

* **Type of Credential:**


* **Date Obtained:**
(mm/dd/yyyy)

* **Expiration:**
(mm/dd/yyyy)

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Complete the following information for the new entry.

Type of Credential

Select the value for this field by using the down arrow () next to the field.

Apprentice
CCV
Cardio Pulmonary Resuscitation (CPR)
Child Development Associate (CDA)
DOE
Director Certificate
Early Childhood Mental Health Certificate
Infant and Toddler Certificate
NCCA Certified Child Care Professional
School Age Certificate

Date Obtained

Enter the date on which the credential was obtained in this field.

Expiration

Enter the expiration date for the credential in this field.

To Cancel the Credential Entry

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Credentials** page.

To Submit the Credential Entry

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the **Credentials** page is presented with the entered information displayed in the table.

Program Participation

This functionality allows the capture of information about an individual's participation in a program leading to a degree or credential. To access this page, select **Program Participation** on the sub-nav bar at the top of the page. As a result, the **Program Participation** page is accessed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
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Program Participation Sort by:

Displaying 1-4 of 4 Items

Program Type	Degree/ Credential	School	Start Date	Expected Completion	
Credential	NCCA Certified Child Care Professional (CCP)	Burlington College	09/01/2003		[Details]
Credential	CCV	S School	01/01/2004		[Details]
Degree	Associate	U of B	01/01/1999		[Details]
Degree	Doctorate	T School	01/01/2004		[Details]

New Program Participation Information

* Program Type:

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The **Program Participation** page displays the following information for any existing **Program Participation** associated with the staff member.

Program Type
Degree/Credential
School
Start Date
Expected Completion

View Program Participation Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Program Participation Details** are displayed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
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Program Participation Details

Program Type: Credential
Type of Credential: NCCA Certified Child Care Professional (CCP)
School: Burlington College
Start Date: 09/01/2003
Anticipated Completion Date:

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New Program Participation Information

To access this function, go to the **New Program Participation Information** section at the bottom of the **Program Participation** page and make a selection for the **Program Type** from one of the following:

Degree
Credential

Once you have selected the Program Type, click on the Add button. Depending on the selection made, the fields available for entry on the **New Program Participation Information** page will differ. **Note:** The **Program Type** cannot be changed once you have advanced to the **New Program Participation Information** page. If you need to

change this option, click on the **Cancel** button on the **New Program Participation Information** page to return and start again.

Program Type - Degree

If you have selected **Degree** as the **Program Type**, complete the fields presented on the page for this option. The **Program Type** cannot be changed once you have advanced to the **New Program Participation Information** page.

New Program Participation Information
Enter the details of the credential information below. Please send in proof or documentation of this information, as it will not be considered in your quality/credential evaluation until required proof is received and verified.

*** Indicates Required Info**

Program Type:

Degree

*** Degree:**

- Please Select -

*** Concentration:**

- Please Select -

*** School:**

*** Start Date:**

Anticipated Completion Date:

Cancel


Submit

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Complete the following fields:

Degree

Select the value for this field by using the down arrow () next to the field.

Associate
Bachelor
Certificate
Doctorate
High School or Equivalent
Master
Vocational

Concentration

Select the value for this field by using the down arrow () next to the field.

Child Development
Child and Family Studies
Early Childhood Education
Early Childhood Special Education
Elementary Education
Human Development
Human Services
Infant Studies
Infant-Child Mental Health
Other
Psychology
Sociology or Social Sciences
Teacher Education

School Name

Enter the name of the school in this field.

Enter the date on which the degree was started in this field.

Enter the anticipated completion date in this field.

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Program Participation** page.

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the table on the **Program Participation** page displays the entered item.

If you have selected **Credential** as the **Program Type**, complete the fields presented on the page for this option. The **Program Type** cannot be changed once you have advanced to the **New Program Participation Information** page.

New Program Participation Information

Enter the details of the credential information below. Please send in proof or documentation of this information, as it will not be considered in your quality/credential evaluation until required proof is received and verified.

* Indicates Required Info

Program Type:

Credential

* Type of Credential:

- Please Select -

* School:

* Start Date:

Anticipated Completion Date:

Cancel

Submit

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Complete the following fields:

Select the value for this field by using the down arrow () next to the field.

Apprentice

CCV

Cardio Pulmonary Resuscitation (CPR)

Child Development Associate (CDA)

DOE

Director Certificate

Early Childhood Mental Health Certificate

Infant and Toddler Certificate

NCCA Certified Child Care Professional

School Age Certificate

Enter the name of the school in this field.

Enter the date on which the degree was started in this field.

Anticipated Completion Date

Enter the anticipated completion date in this field.

Cancel the Credential Entry

If you have decided not to enter the information, click on the **Cancel** button in order to return to the **Program Participation** page.

Submit the Credential Entry

Once the information has been entered and reviewed, click on the **Submit** button at the bottom of the page. As a result, the table on the **Program Participation** page displays the entered item.

Professional Development Function

This function is also used to track annual requirements for professional development of provider staff licensed or registered by the CCSD. To access this page, select **Professional Development** on the sub-nav bar at the top of the page. As a result, the **Professional Development** page is accessed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
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Professional Development

Sort by: Course Title Go!

Displaying 1 - 5 of 5 Items

Course Title	School	Date Completed	Hours	Hours Type	Verified?
Continuing Education 101	Poppins, Mary	03/01/2004	12	Credit Hours	Diploma [Details]
Continuing Education 101	Poppins, Mary	09/20/2004	12	Credit Hours	Certificate [Details]
Professional Development 101	Poppins, Mary	04/01/2004	12	Class Hours	Diploma [Details]
Professional Development 101	Poppins, Mary	01/01/2004	12	Class Hours	Certificate [Details]
Professional Development 101	Poppins, Mary	06/01/2002	12	Class Hours	[Details]

Courses/Education External to the Vermont Career Development System

Course Title	School	Date Completed	Hours	Hours Type	Verified?
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No temporary external coursework has been recorded.

New Coursework Information

* Type of Coursework:

- Please Select - Add

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The **Professional Development** page displays the following information for any existing **Professional Development** associated with the staff member.

Course Title
School
Date Completed
Hours
Hours Type
Verified?

View Professional Development Details

In order to view the details for an existing entry, click on the **Details** link on the corresponding row for the entry. As a result, the **Professional Development Coursework Details** are displayed.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

Professional Development Coursework Details

Course Title: Professional Development 101
Class Hours: 12
School Name: Poppins, Mary
School City: Burlington
School State: Vermont
Areas of Knowledge: Professional Development
Completion Date: 01/01/2004
(mm/dd/yyyy)
Form of Verification: Certificate

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New Coursework Information

In order to add a new Professional Development, go the **New Coursework Information** area on the lower section of the page. Select one of the following **Type of Coursework** field: **Continuing Education** or **Professional Development**. Once you have made your selection, click on the **Add** button.

Depending on the selection made, the fields available for entry on the **New Professional Development Information** page will differ. **Note:** The **Type of Coursework** cannot be changed once you have advanced to the appropriate flow for the type selected. If you need to change this option, click on the **Cancel** button on the **New Professional Development Information** page to return and start again.

Coursework Type – Continuing Education Information

If you have selected **Continuing Education** as the **Type**, complete the fields presented on the page for this option. The **Type** cannot be changed once you have advanced to the **New Continuing Education Information – Search Approved Coursework** page.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

New Continuing Education Coursework Information - Search Approved Coursework

Enter the course information below to see if the course is an approved course known to the system

* **Indicates Required Info**

* **Course Title:** **Search Type:**

Areas of Knowledge:


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The first step in this process is to search for a course. Enter the information in the following fields:

Course Title*


Enter the title in this field, using the complete title or a part of it. This is a required entry.

Areas of Knowledge

Select the value for this field by using the down arrow () next to the field.

Child Development
Professional Development
Personal Development
Curriculum Development

Search Type

Select one of the following from the drop-down list using the down arrow next to the each of the First and Last name fields () to restrict the search parameters:

Sounds Like
Starts With
Exactly
Contains

Once the information in as many appropriate search criteria fields as deemed beneficial, click on the **Search** button.

Search Results

Upon completion of the system search, the results are displayed in the **Course Search Results** table (page QU0078) with the following information:

Course Title
School
Hours
Hours Type

Sort By

The Course List may be sorted through the **Sort By** field on the top right corner of the table using the following options:

Course Title
School
Hours
Hours Type

Once a sort option has been selected, click on the **Go** button to the right of this field. The **Course Search Results** table will be updated with the sorted values in place.

Use Selected

If the name appearing in the list matches the course being entered, select the row containing the name by clicking on the button at the beginning of the row in the **Select** column. Once the row has been selected, click on the **Use Selected** button at the bottom of the page.

If the name appears on the list, is selected and the **Use Selected** button is clicked, the next page presented is the **New Coursework Information** page with the selected course details displayed.

Use Data Entered

If the name does not appear on the list, you may enter it by selecting the **Use Data Entered** button to create the new course entry. With this selection, you will want to make sure that the entered information in the **Course Title** field matches the course title you wish to add.

Quality Case ID: 1237

Summary	Work Experience	Education	Credentials	Program Participation	Professional Development
---------	-----------------	-----------	-------------	-----------------------	--------------------------

Continuing Education Coursework Details

* Indicates Required Info

Course Title:

Course Title 101

Credit Hours:

4

School Name:

Burlington College

School City:

School State:

Vermont

Areas of Knowledge:

* Completion Date:

(mm/dd/yyyy)

Cancel

Submit

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Completing the New Coursework Information

Enter the following information to complete the details for the coursework.

Completion Date

Enter the date on which the course was completed.

Once the information has been entered in the above fields, click on the **Submit** button to process this information. As a result, the newly entered information is displayed on the **Professional Development** table.

Coursework Type – Professional Development Information

If you have selected **Professional Development** as the **Type**, complete the fields presented on the page for this option. The **Type** cannot be changed once you have advanced to the **New Professional Development Information – Search Approved Coursework** page. In order to complete this process, refer to the instructions in the section named “Coursework Type – Continuing Education Information” on page 172.